



MEMBERSHIP APPLICATION

Inspection Fee

1-4 Rooms \$100

5-10 Rooms \$125

11-20 Rooms \$150

Please complete this Application and return with payment to the address shown at the bottom.

1. Applicant Name(s): _____
2. Inn Name/Business Name: _____
3. Full Physical Address: _____
4. Mailing Address (if different): _____
5. Email Address: _____
6. Phone Number: _____ Website: _____
7. Open Date or Business Anniversary: _____ How many rooms are for rent? _____
8. Owner(s) Name(s): _____
9. Owner's role in business: _____
10. Name of Innkeeper(s): _____
11. Does owner or innkeeper live onsite? Y or N If no, how far from the inn? _____
12. How do you provide for emergencies when staff is absent? _____
13. Are you open year round? Y or N If no, list open dates: _____
14. Is a hot breakfast served on-site? Y or N If no, describe breakfast: _____
15. Do you have GFCI protection in all bathroom electrical outlets? Y or N
16. Do you have smoke alarms in all guest rooms and common areas? Y or N

Insurance, Licenses, Permits & Fees — please enclose copies for our records

1. Insurance Company/Agent: _____ Policy #: _____
2. Sales Tax #: _____ Do you have a liquor license? Y or N
3. MO Lodging Establishment License (5 rooms and up), Local Permits (business license, fire, and/or health dept.) and Commercial Occupancy Permit

Please enclose the nonrefundable inspection fee based on number of rooms (see above). With my signature I agree to comply with the standards established and abide by all required health and safety codes applicable to my inn.

Signature of Principal Owner: _____ Date: _____

Mail completed form and payment to:

BBIM, C/O Leslie Drake, Fleur-De-Lys, 3500 Russell Blvd., St. Louis, MO 63104

For questions email join@bbim.org