



Membership Application

Requirements:

Flat Inspection Fee: \$150

One (1) Complimentary M-Th night stay for the inspector

Upon Membership Approval: 1st 12 months of membership dues waived.

Please complete this Application and return with payment to the address below.

Property and Owner Information

- Owner/Applicant Name(s): _____
- Property Name: _____
- Business Name (if different): _____
- Full Physical Address: _____
- Mailing Address (if different): _____
- Email Address: _____
(for BBIM Use)
- Phone Number: _____
(for BBIM Use)
- Technology & Social Media Information:
 - Website Address: _____
 - Social Media Sites: _____

 - Review Sites: _____

- Opening Date or Business Anniversary Date: _____
- Are you open year-round? Yes | No
 - If no, list open dates: _____

The Guest Experience:

- Owner's role in business: _____
- Name of Innkeeper(s) if not the Owner: _____
- Does the owner or innkeeper live onsite? Yes | No
 - If No, how far from the property? _____
 - Address of Innkeeper: _____
- How do you provide for emergencies when staff is absent? _____

- How many rooms/spaces are for rent? _____
 - Max Occupancy? _____
- How many bathrooms are there? _____
 - Private or Shared? _____
- Is breakfast served on-site? Yes | No
 - Describe Breakfast: _____

The Business of the Business:

Please check all applicable and enclose copies for our records.

- State Lodging License (5+ rooms) _____
- Local Permits:
 - Fire Marshall _____
 - County _____
 - City _____
 - Health Department _____
- Liquor License _____
- LLC/Corporation Status _____

- Sales Tax #: _____
- Proof of Liability Insurance:
 - Insurance Company Name: _____
 - Policy # _____

Health and Safety:

- Do you have GFIC protection on all electrical outlets less than 6'-0" from a water source? Yes | No
- Do you have Smoke Alarms in all guest rooms and Common Areas? Yes | No
- Do you have Pools, Tubs and/or Spas? Yes | No
- Do you have Carbon Monoxide Detectors Yes | No | Not Required

With my signature I agree to comply with the standards established and abide by all required health and safety codes applicable to my property.

Signature of Principle Owner: _____

Date: _____

Mail completed form, all necessary documents and payment to:

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