

HOTEL/MOTEL APPLICATION

APPLICANT INFORMATION:

NAME:	
MAILING ADDRESS:	
PROPOSED EFF DATE: FROM:	TO: WEBSITE:
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/>	YEARS IN BUSINESS

OTHER

PREMISES INFORMATION:

LOC NO	BLDG NO	STREET, CITY, STATE, ZIP	NO. OF ROOMS	NO. OF STORIES	AVG. PERCENT OF OCCUPANCY	AGE	CONSTRUCTION TYPE	SQ FT
					%			
					%			
					%			
					%			

Explain all YES answers

DESCRIPTION OF OPERATIONS BY PREMISE(S):

Check one:	Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Inn <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Hostel/SRO/Boarding House <input type="checkbox"/> Dude Ranch <input type="checkbox"/> Hunting/Fishing Lodge <input type="checkbox"/> Other: <input type="checkbox"/>
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1.	Number of years of experience:	
2.	Average per night rate?	\$
	• Any rooms rented for period less than 24 hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• Any rooms rented by the week or the month?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• If YES, what is the percentage of receipts associated with long-term weekly/monthly rentals?	%
	• Total Room Rental Receipts:	\$
	• Total Restaurant Receipts (if any):	\$
	• Total Restaurant Liquor Receipts (if any):	\$
3.	Are cooking facilities provided in guest rooms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• If YES, is there an operational automatic extinguishing system in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• Are extinguishing systems inspected on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• If YES, how often?	
4.	Does the facility have communal restrooms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Wiring (check all that apply):	Cooper <input type="checkbox"/> Aluminum <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers <input type="checkbox"/>
	• If Aluminum:	Pigtailed <input type="checkbox"/> Copalum <input type="checkbox"/>
6.	Are there any rooms that are in compliance with the American Disabilities Act, if required?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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7. Are smoke detectors present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Battery	Yes <input type="checkbox"/> No <input type="checkbox"/>
• If battery, any procedures in place to ensure units are fully operational?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Hardwired	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Location of units	
o Individual Units	Yes <input type="checkbox"/> No <input type="checkbox"/>
o Common Areas	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Is the building sprinklered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• If YES, what percentage?	%
8. Is a secondary means of egress provided if over two stories? If YES, provide description:	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are there security guards on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• If YES:	No. of Private Guards <input type="checkbox"/> No. of Employee Guards <input type="checkbox"/>
• Are they armed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Any firearms kept on premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Are there peepholes in guest room doors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Are floor plans showing evacuation instructions and nearby fire exits posted in every guest room?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Premises lighting in parking areas, walkways, and common areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Any Assault & Battery incidents in complex during the past five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Are there procedures in place to ensure adequate snow and ice removal, where applicable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Any plans for major renovation of the premises (more than 20% of the building limit or structural renovations)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Any work subbed out? If YES, are Certificates of Insurance required at minimum limits of \$300,000?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Any daycare services provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Swimming pool on premises? If YES, any of the following items on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Check all that apply:	Depth marked <input type="checkbox"/> Diving board <input type="checkbox"/> Slides <input type="checkbox"/> Non-slip surfaces <input type="checkbox"/> Lifeguards on duty <input type="checkbox"/> Warning signs and rules posted <input type="checkbox"/> Self-locking gates <input type="checkbox"/> Life Safety Ring Buoy <input type="checkbox"/>
• Does the pool comply with the requirements of the Federal Virginia Graeme Baker Pool & Spa Safety Act?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Any Whirlpools or Hot Tubs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, are the following features in place:	
• A Scheduled Maintenance Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Equipment Equipped with Temperature Controls	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Rules and Instructions Posted	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Does equipment meet State regulation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Is access limited to guests only?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Any playground or children's recreational areas? If YES, please describe the type of equipment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Playground surface: (Check all that apply):	Blacktop <input type="checkbox"/> Concrete <input type="checkbox"/> Rubber mats <input type="checkbox"/> Synthetic turf <input type="checkbox"/>
• Other:	
• Any equipment over five feet?	Yes <input type="checkbox"/> No <input type="checkbox"/>

