

**Marion County Health Department
Lodging Establishment Permit Application**

Phone 573-221-1166

Fax 573-221-1166

PLEASE PRINT

Establishment Information:

Establishment Name _____

Establishment

Site Address _____

Street/Road/P.O. Box _____

City _____ Zip Code _____

Phone _____ Fax _____

Anticipated opening date _____ # of Rooms _____

Establishment Owner Information:

Name _____

Contact Person(s) _____

Billing Address _____

Street/Road/P.O. Box _____

City _____ State _____ Zip Code _____

Phone _____ E-mail Address _____

THE ESTABLISHMENT SHALL NOT BE OCCUPIED PRIOR TO MISSOURI DEPARTMENT OF HEALTH APPROVAL. PLEASE SUBMIT THE PERMIT FEE, APPLICATION AND APPROVED INSPECTION FORM TO THE MARION COUNTY HEALTH DEPARTMENT, P.O. BOX 1378, HANNIBAL, MO 63401.

Permit fee is: 5-49 rooms \$100 plus \$1 per room, 50 rooms and up \$200 plus \$1 per room

****MO check, cashier's check, or cash only****

Total fee submitted = _____

Signature of Applicant

Date

Reviewed by

Date

10-17-18

EOA/AE

Eligibility criteria for acceptance and participating in all programs are administered on a nondiscretionary basis regardless of race, color, national origin, age, sex, religion, genetic information, or disability.