



Public Health
Prevent. Promote. Protect.

Callaway County Health Department

CALLAWAY COUNTY, MISSOURI
LODGING ESTABLISHMENT PERMIT APPLICATION
Fee - \$200

ESTABLISHMENT CONTACT INFORMATION

Name of Lodging Establishment: _____

Address: _____

City: _____ State/ Zip Code: _____

Contact Number: (_____) _____ - _____

Fax Number: (_____) _____ - _____

Contact Person: _____

Email Address: _____ @ _____

OWNER INFORMATION

Name of Owner(s): _____

Address: _____

City: _____ State/ Zip Code: _____

Contact Phone: (_____) _____ - _____

Fax Number: (_____) _____ - _____

Email Address: _____ @ _____

Mail correspondence to: Lodging Establishment Address Owner Address

WATER SUPPLY

1. Public Private DNR Non-Community Well

If public, who is the supplier? _____

If private, what type of water supply is it? _____

WASTEWATER SYSTEM

1. Wastewater Supply:

- Public Private

If public, who is the supplier? _____

If private, what type of wastewater system is it?

- Septic/lateral lines Lagoon Other

2. Wastewater flow greater than 3,000 gallons per day?

- Yes No

WATER RECREATION

1. Pool:

- Indoor Outdoor N/A

2. Spa:

- Indoor Outdoor N/A

3. Other: _____

FOOD SERVICE

1. Does this establishment serve food?

- Yes No

2. Meals Served:

- Breakfast Lunch Snack Dinner

3. Type of Food Service:

- Continental Full Service Restaurant

Types of Food Served:

4. Pre-packaged Made on-site Both

GUEST DOORS

1. Guest room doors open to?

- An inside hallway Directly to the outside Both

ADDITIONAL INFORMATION

- 1. This application is for:
 A New Permit A Renewal

- 2. This license is to be renewed annually. Along with this application, the following documents must be submitted:
 A copy of the previous year's paid Business Personal Property Tax Receipt (if in business as of Jan. 1st).
 A copy of the previous year's paid Real Personal Property Tax Receipt (if you were in business as of Jan. 1st).
 A check or money order made payable to Callaway County Health Department in the amount of \$200.
 A copy of your State of Missouri Lodging Establishment License.

Note: First time applicants may apply for a state lodge license by contacting the Missouri Department of Health & Senior Services Bureau of Environmental Health Services at 573-751-6095 or www.health.mo.gov.

I certify that the information supplied in this application is complete and true to the best of my knowledge and I understand that any misstatement or omission of fact will render this application and any permit issued invalid. I also acknowledge that the lodging establishment permit is non-transferable.

Lodging Establishment Permit Fee: \$200

Make check payable to CALLAWAY COUNTY HEALTH DEPARTMENT and send with all required documents to:

CALLAWAY COUNTY HEALTH DEPARTMENT
ATTN: EVS
4950 County Road 304
Fulton, MO 65251

Phone: (573) 642-5750 Fax: (573) 642-2098

Signature: _____

Title: _____

Date: _____

Amount Submitted: _____