

# TANEY COUNTY HEALTH DEPARTMENT

## LODGING PERMIT APPLICATION

320 Rinehart Rd., Branson, MO 65616

PHONE: 417-334-4544 EXT. 247 | FAX: 417-336-9604



### LODGING ESTABLISHMENT INFORMATION

**Return completed application at least 10 days prior to planned opening date**

<input type="checkbox"/> New Establishment	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Branson	<input type="checkbox"/> Hollister	<input type="checkbox"/> Taney County
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Name of Establishment:	Date:
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Number of Rooms:	Number of floors:	Square footage:
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Physical Address:	Billing Address:
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Phone:	Fax:	Email:
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Is there a chance this may be a seasonal facility?  Yes  No If yes, when will facility be closed?

### OWNER INFORMATION

Check Appropriate Box:  Individual  LLC  Corporation  Association  Other: \_\_\_\_\_

Owner(s) Name:	Owner Address:
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Phone:	Fax:	Email:
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Name and contact information of authorized representative of facility if the owner is not available:

- Plans/applications have been submitted to the following:
- City of Branson Date: \_\_\_\_\_
  - City of Hollister Date: \_\_\_\_\_
  - County Planning and Zoning Date: \_\_\_\_\_
  - Taney County Central Fire District Date: \_\_\_\_\_
  - Taney County Western Fire District Date: \_\_\_\_\_

- Please enclose the following documents if applicable:
- Blue prints for new construction
  - MDPS Boiler Certificate if above 200,000 BTU's
  - Backflow Prevention Testing Paperwork

### FEE SCHEDULE FOR LODGING ESTABLISHMENTS

City Of Branson Lodging Fees				City of Hollister Lodging Fees					
No. of Rooms	<50	51-200	>201	No. of Rooms	<50	50-150	151-250	251 -300	300>
Pre-Open New/<18 months	\$210	\$210	\$210	Annual Fee	\$200	\$250	\$325	\$375	\$450
Pre-Open Existing	\$165	\$165	\$165						
Annual Fee	\$210	\$240	\$270						

#### Taney County Lodging Fee Schedule

Lodging Fee Schedule	Fee w/out Pool	Fee w/Pool*
Annual Lodging Fee (<10 rooms)	\$150	\$190
Annual Lodging Permit (11-50 rooms)	\$200	\$240
Annual Lodging Permit (51-200 rooms)	\$275	\$315
Annual Lodging Permit (201+)	\$450	\$490
Lodging Pre-Open Inspection (New Construction or Re-Open after 18 month closure)	\$250	\$375
Lodging Pre-Open Inspection (Less than 18 months after closure)	\$150	\$190

\*\$40.00 per additional body of water (pool or spa)

**All fees are due a minimum of five (5) days before the pre-opening inspection is scheduled.**

**These tables do not include all fees required.**

ITEM	YES	NO	N/A
1. Water Source/Sewage Disposal			
A. Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors/Walls/Ceilings			
A. Clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emergency Lighting			
A. Emergency lighting maintained and in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Emergency exit signs maintained and illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fire Protection and Safety			
A. Smoke detectors hardwired with battery back up in appropriate areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Fire alarm system tested and approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Portable fire extinguishers proper location and inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Sprinkler system maintained in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Evacuation routes posted where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Stairs, hand rails, and ramps maintained and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Vertical openings protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Life Safety			
A. CO2 detectors installed and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. GFCI and proper wiring installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Combustibles properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Electrical panels protected, labeled, and no obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Plumbing/Mechanical			
A. Restrooms have mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Boilers/pressure vessels certified and inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Proper air gaps, no cross connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Ventilation of appliances/utility room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sanitation/Housekeeping			
A. Mattresses and box springs in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Proper facilities to wash, rinse, and sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. No evidence of pests- staff trained on bed bugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Ice machines, scoops, liners clean and protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Garbage and refuse properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**AQUATIC VENUE INFORMATION**

Total Number of Aquatic Venues: _____	Check all that apply:
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Split	<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Other: _____

**FOOD ESTABLISHMENT INFORMATION**

Total Number of Food Facilities: _____	<input type="checkbox"/> Restaurant <input type="checkbox"/> Continental Breakfast <input type="checkbox"/> Both
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Permit Applications for aquatic venue's and food establishments can be obtained from [taneycohealth.org](http://taneycohealth.org).

Owner Signature: _____	Date: _____
EPHS Signature: _____	Date: _____