



Hotel Information

Legal Hotel Name: _____ DBA: _____
If different than legal name.

Address of Hotel: _____
 Street _____

 City _____ State _____ Zip _____

Total Number of Guest Rooms: _____ Maximum Occupancy of Hotel: _____

Hotel Owner Information

Ownership Type: Corporation { } Partnership { } Sole Proprietorship { }
Check the applicable ownership type.

Owner Name (¹): _____
If corporation or partnership, please see below and provide full information on a separate sheet of paper.

Owner's Address: _____
 Street _____

 City _____ State _____ Zip _____

Phone Number: _____ Email: _____

(¹) If an owner is a partnership, provide the name of all partners, the principal business address, and contact information of each partner. If an owner is a corporation, provide whether it is organized under the laws of this state or is a foreign corporation, and must show the mailing address, business location, telephone number, name of the person in charge of the local office of such corporation, if any, and the names of the registered agent, all officers and directors or trustees of such corporation, and, if a foreign corporation, additionally the place of incorporation.

Hotel Operator Information

Operator Name (²): _____
If corporation or partnership, please see below and provide information on a separate sheet of paper.

Current Address: _____
 Street _____

 City _____ State _____ Zip _____
If current place of residence is less than 10 years, please provide historical addresses of residence for the last 10- years from the date of this application.

Phone Number: _____ Email: _____

(²) If an operator is a partnership, provide the name of all partners, the principal business address, and telephone number of each partner. If an operator is a corporation, provide whether it is organized under the laws of this state or is a foreign corporation, and must show the mailing address, business location, telephone number, name of the person in charge of the local office of such corporation, if any, and the names of the registered agent, all officers and directors or trustees of such corporation, and, if a foreign corporation, additionally the place of incorporation. Provide historical address information, including the duration of occupancy of each residence, from each state of residence for the last ten years.

Hotel Manager Information

Manager Name⁽³⁾: _____

Job Responsibility: _____

Current Address: _____

Street

City

State

Zip

Length of Residency: _____ to _____

Beginning Date

Today's Date

If current residency is less than 10 years, please provide additional address information for the place(s) of residency over the last 10 years.

Previous Address: _____

Street

City

State

Zip

Length of Residency: _____ to _____

Beginning Date

Ending Date

Previous Address: _____

Street

City

State

Zip

Length of Residency: _____ to _____

Beginning Date

Ending Date

⁽³⁾A manager is any employee with supervisory responsibilities. If there are multiple managers, please provide a separate list of all managers, their primary job responsibility and their place of residency for the last ten years.

Operator Signature

Operator Signature: _____ Date: _____

By signing above, the operator hereby attests that the information given is true and accurate and further authorizes the City of Benbrook to conduct a background verification of said operator and all managers of the hotel, and to conduct all necessary inspections prior to the issuance of a lodging license to ensure compliance with Chapter 8.10 Hotel Licensing of Title 8 - Health and Safety of the Benbrook Municipal Code. It is the responsibility of the operator to update the City of Benbrook of any changes in ownership and/or operation or management personnel.

Additional Application Requirements and Fee

Please submit this completed and signed application form and fee to the Benbrook Building Permits and Inspections Department. The annual hotel lodging license application is due no later than January 31st of each year. If January 31st falls on a Saturday or Sunday, the application is due no later than the following Monday.

Annual Lodging License Fee: \$200.00

Fee Paid: _____ Date: _____ Check No. _____