CITY OF DECATUR
FINANCE DEPARTMENT
#1 GARY K ANDERSON PLAZA
DECATUR IL 62523
LICENSING – (217) 424-2709

FEE: No Fee Required

License Expires April 30

HOTEL/MOTEL LICENSE APPLICATION

Circle one: Corporation LLC Partnership Individual Owner

PLEASE PRINT

Business Name_____

Doing Business As_____ Hotel Phone #_____

Hotel Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Applicant's Name_____ Phone #_____

Contact/Manager_____ Phone #_____

Names and Addresses of Owner, Partners, or Shareholders/Officers/Directors of Corporation:

Name_____ Title_____

Address_____
Street City State Zip Code

Name_____ Title_____

Address_____
Street City State Zip Code

Name_____ Title_____

Address_____
Street City State Zip Code

Number of Rooms available for Rent_____

_____/_____
Signature of Applicant Title

FOR OFFICE USE ONLY

New _____ Renewal_____

Date Applied_____

_____ License No. _____

City Manager or Designee Date License Issued _____

5-3-34