



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

FEE: \$400
 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 _____	