

HOTEL/MOTEL AND OTHER RENTALS RENEWAL

NAME OF HOTEL/MOTEL

OR RENTAL: _____

OWNER'S NAME: _____

OWNER'S PHONE #: _____

ADDRESS OF MOTEL/HOTEL : _____

Mailing Address of Owner (if different than above):

NUMBER OF UNITS: _____

AMOUNT OF CHECK: _____

(\$5 for each containing sleeping quarters)

FOR OFFICE USE ONLY:

CHECK #: _____

DATE RECEIVED: _____

LICENSE #: _____