



HEALTH & INSPECTIONS DEPARTMENT

Environmental Health 1201
7th Street South St. Cloud
MN 56301

Phone (320) 255-7214 Fax (320) 650-3145
www.ci.stcloud.mn.us

**Lodging
License Application**

License Information:

Licensee Name: _____

License Address: _____
Street City State Zip

Print Name As: _____ Email: _____

Phone: _____ Cell: _____ Emergency: _____

Applicant Information:

Name: _____

Physical Address: _____
Street City State Zip

Mailing address: _____
Street City State Zip

Phone: _____ Email: _____

MN Tax ID # or Social Security #: _____

Reason for application: New Establishment Ownership Change / Date of Change: _____

Please indicate where you would like your correspondence mailed: Licensee Applicant

OFFICE USE ONLY			
Date: _____	Receipt: _____	Amount Received: _____	Received by: _____
Plan Review Start Date: _____	Plan Review Completed: _____	Review Sent by: postal mail	email
Approved by: _____	Risk: L M H	TRAKIT Code: _____	

Fees:

Type of Lodging: Hotel/Motel___ Assisted Living___ Board & Lodging___

Lodging Fee: \$162 + (Number of rooms ___x \$8) = _____ -

Total Due: _____

Addition Licensing Information:

The City of St. Cloud requires additional licensing for restaurants, coffee shops, bars, retail food sales, and pools. Plan review and licensing forms can be found at:

<http://ci.stcloud.mn.us/989/Forms-Applications>

The State of Minnesota has many Care Facilities that are regulated by the Health Regulation Division within MDH, "Minnesota Health Care Facilities Programs". Please visit the following link for more information regarding the licensing process of those facilities:

www.health.state.mn.us/divs/fpc/index.html

Information and forms required to register as a "Housing with Services (HWS) Establishment" can be downloaded and completed by individuals and organizations seeking to acquire an initial registration at:

www.health.state.mn.us/divs/fpc/profinfo/lic/lichws.htm

Enclose

- A license fee made payable to the City of St. Cloud. Credit card payments are accepted at the City Hall cashier's window or via phone with a signed application. Contact staff at 320-255-7214 for assistance.
- All supporting documents (blueprints, equipment specification sheets, menu etc.)

I understand that it is my responsibility to submit all required fees and obtain all necessary approvals prior to operating.

Signature _____ **Date** _____

Printed name _____

Relationship of applicant to facility: Owner _____ Other _____