



Winnebago County

# Health Department

2021

## HOTEL / MOTEL / ROOMING HOUSE PERMIT APPLICATION

<i>For Office Use Only</i>	
Date Rec'd	_____
Amt Rec'd \$	_____
Check #/Cash	_____
Receipt #	_____
Permit #	_____

**Mail to:** P.O. Box 4009; Rockford, IL 61110  
**Phone:** (815)720-4100  
**Website:** [www.wchd.org](http://www.wchd.org)

**Location:** 555 N Court St; Rockford, IL 61103  
**Fax:** (815)720-4203  
**E-mail:** [environmental@wchd.org](mailto:environmental@wchd.org)

**Instructions:** Fill out application in its entirety and return it and permit fee to the Health Department address above. Please make checks payable to the Winnebago County Health Department. Fee schedule on reverse.

**Application for (check one):**     Hotel         Motel         Rooming House         Bed & Breakfast

Name of Establishment: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner Phone # (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

*If it is a corporation, please list all partners and their addresses. Use reverse side if needed.*

\_\_\_\_\_  
\_\_\_\_\_

Name to Appear on Permit: \_\_\_\_\_

Owner or Agent of Building: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Total Number of Rooms in Facility** \_\_\_\_\_

# Indoor Pools \_\_\_\_\_ # Indoor Jacuzzi/Spas \_\_\_\_\_ # Outdoor Pools \_\_\_\_\_ # Outdoor Jacuzzi/Spas \_\_\_\_\_

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**\*\*New Establishments Only\*\***

*Approval letters from the following department must be submitted with this application:*

**Building Department**         **Zoning Department**         **Fire Department**

.....  
**Applicant Signature** \_\_\_\_\_

**Sanitarian Signature** \_\_\_\_\_

## **Fee Schedule for Hotel/Motel/Rooming Houses Annual Permits**

3 – 9 Rooms	\$40.00	(\$5.00 late fee)
10 – 29 Rooms	\$110.00	(\$10.00 late fee)
30 – 99 Rooms	\$300.00	(\$50.00 late fee)
100+ Rooms	\$525.00	(\$50.00 late fee)