



WINNEBAGO COUNTY HEALTH DEPARTMENT

Mail to: P.O. Box 4009
Rockford, IL 61110

Location: 555 N Court St
Rockford, IL 61103

Phone: (815)720-4100

Fax: (815)720-4203

Website: www.wchd.org

E-mail: environmental@wchd.org

For Office Use Only

Date Rec'd
Amt Rec'd \$
Check #/Cash
Receipt #
Rec'd by
Permit #

HOTEL / MOTEL / ROOMING HOUSE PERMIT APPLICATION

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

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

By typing your name in the signature box above, you are electronically signing this document

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) |