

SOUTH DAKOTA DEPARTMENT OF HEALTH LODGING LICENSE APPLICATION

PLEASE TYPE OR PRINT IN INK THE FOLLOWING INFORMATION (Fill in all boxes) CHECK THOSE ITEMS THAT APPLY

ESTABLISHMENT NAME		LIST PREVIOUS ESTABLISHMENT NAME		OLD LIC. #	
CORPORATION/OWNER NAME		CORPORATE CONTACT/ PHONE		ESTABLISHMENT PHONE	
				CELL PHONE	
ESTABLISHMENT PHYSICAL ADDRESS (NO PO BOX #'S)				CITY	
				STATE	
				ZIP	
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS)				CITY	
				STATE	
				ZIP	
IF RURAL LOCATION, GIVE DIRECTIONS FROM NEAREST CITY				EMAIL ADDRESS	
APPLICATION IS FOR:		SEASONAL: Yes No		PROPOSED OPENING DATE	
NEW BUSINESS		If Yes, Dates Open			
CHANGE OF OWNERSHIP		From: _____ to: _____		_____	
				WATER SUPPLY	
				Public Private	
				Rural	
				SEWER SYSTEM	
				Public	
				Private	

SECTION 1: LODGING LICENSING FEES – Type of Business (Choose One)

	FULL YEAR FEE: Jan 1 – Dec 31	HALF YEAR FEE: *July 1 – Dec 31	Number of Units	FEE TOTAL Complete all that apply
Bed & Breakfast:	\$38.00 Registration Fee	\$38.00 Registration Fee		
Specialty Resort:	\$45.00	\$22.50		
Hotel:	\$2.25 per unit (\$45.00 Minimum)	\$1.12 per unit (\$22.50 Minimum)		
Vacation Home:	\$45.00	\$22.50		
Inspection Fee¹: <i>See Reverse Side For Explanation</i>	\$25.00	\$12.50		
Initial License Fee²: <i>See Reverse Side For Explanation</i>	\$100.00	\$100.00		

SECTION 2: POOL FEES – List number of Pools and Hot Tubs

	FULL YEAR FEE:			HALF YEAR FEE:		
	None	One	Two or More	None	One	Two or More
Number of Pools and Hot Tubs						
Pools ____ Hot Tubs ____		\$40.00	\$65.00		\$20.00	\$32.50

Is Your Pool Or Hot Tub Associated With Another Licensed Establishment? Yes No
If Yes, Please Name Other Licensed Facility _____

Being first duly sworn, I, as the owner or the owner's agent with legal authority to bind the owner, verify that the information contained in this application is true and complete, and I consent to allow inspections of the food service, lodging, or campground establishment by authorized inspectors during normal business hours upon the presentation of identification.

**TOTAL ALL FEES ABOVE
THIS IS THE AMOUNT YOU OWE**

\$

Owner/Agent Signature	Date:
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Subscribed and sworn to before me this _____ day of _____, 20____. (Seal)

Notary Public	My commission expires:
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INSTRUCTIONS

1. Please type in the information in the appropriate boxes. You can move from field to field by using your tab key and mark the check boxes with your mouse.
2. Fill out the application completely. An incomplete application cannot be processed. It will be returned to the sender, and may result in the denial of a license. Complete all the owner information on the top section of the application. The fee structure for the Lodging License is located in **Section 1**. Mark which type of lodging you are licensing in **Section 1**. **Section 2** pertains to the number of pools or hot tubs the lodging establishment has. Complete all of **Section 2** as it applies to your lodging establishment.
3. The owner's signature must be notarized by a duly appointed notary public.
4. New establishments or changes to existing establishments require submission of construction plans 30 days prior to initiating construction. The plans must be submitted to:

SD Dept of Health, Office of Health Protection, 615 E 4th Street, Pierre, SD 57501-1700.

No license will be issued until an on-site inspection is conducted and the lodging establishment is found to be in compliance.

- *5. Half-year license fees apply only to new establishments or change of ownerships occurring after July 1st and before December 31st.
6. Submit the completed license application and the required license fee (checks payable to **SD Department of Health**) to:

**SD Department of Health
Office of Health Protection
615 East Fourth Street
Pierre, SD 57501-1700**

The South Dakota Department of Health will issue or renew a license only after payment of the required fee, ascertainment that the facts set forth are true and complete, and satisfactory evidence of the applicant's ability to comply with the provision of SDCL Chapter 34-18 and the rules promulgated thereunder.

¹ This fee covers the mandatory inspection conducted each year. This fee is required of all establishments licensed by the South Dakota Department of Health.

² This fee is required for establishments meeting requirements for new licensing. This includes any establishment that has not operated within the last twelve months.

IF YOU HAVE ANY QUESTIONS, CONTACT THE DEPARTMENT OF HEALTH AT (605)773-4945

LICENSE EXPIRES DECEMBER 31st OF EACH YEAR