CITY OF GALENA, ILLINOIS

101 Green Street, P.O. Box 310, Galena, Illinois 61036

GUEST ACCOMMODATIONS LICENSE APPLICATION

Business Name: _____ No. of Rooms: _____

Accommodation Type: ☐ Bed & Breakfast ☐ Small Inn ☐ Vacation Rental

Address: _____ Phone: _____

Owner Name(s): _____ Email: _____

I hereby apply for the City of Galena, Guest Accommodations License as required in *Section 112.02 and 112.05* of the Galena Code of Ordinances. I understand that this license will be issued when the following information is on file with the City of Galena:

1. A Fire Inspection Report from the Galena Fire Department Inspector stating that the Guest Accommodations establishment complies with fire and life safety regulations applicable to Guest Accommodations establishments, as provided for in *Section 93* of the Galena Code of Ordinances.

2. A Health Inspection Report from the Jo Daviess County Department of Public Health stating that the Guest Accommodations establishment complies with the state and county public health regulations applicable to public guest accommodations.

3. A Building Department Inspection Report from the Galena Building Official and the Electrical Inspector stating that the Guest Accommodations establishment complies with building, electrical, plumbing and mechanical code regulations applicable to Guest Accommodations.

4. A Zoning Department Inspection Report from the Galena Zoning Administrator stating that the Guest Accommodations establishment complies with the number of rooms permitted by the Zoning Ordinance and the issued Special Use Permit.

5. A Certificate of Liability Insurance, not the policy, in an amount of not less than five hundred thousand dollars ($500,000) per occurrence. **The owner shall provide the city with proof that liability insurance coverage exists with respect to such establishment (name of business).**

6. Proof of Registration and a Record of Payment to the Illinois Department of Revenue for hotel/motel taxes, as provided in §154.406 (D) and §154.406 (H) of the Zoning Ordinance. *New Users: If you have an existing, registered business with the State, login with that entity and add hotel / motel tax for that business; otherwise, create a new business account.*

7. Updated Floor Plan (if applicable).

I understand that each year I will be required to reapply for this Guest Accommodations License. The annual fee will be $130 ($150 for the first year). **Upon receipt of application and payment of the annual fee, inspections shall be scheduled.** When the inspections are done and the Guest Accommodations establishment is found to be in compliance, a license will be issued.

➢ Applicant Signature:_____ Date: ____/____/____

Filing Fee: $150.00 first year
$130.00 each year after

Revised April 2018