

SOUTH DAKOTA DEPARTMENT OF HEALTH

LODGING LICENSE APPLICATION

PLEASE TYPE OR PRINT IN BLACK OR BLUE INK (SEE BACK FOR INSTRUCTIONS)

SECTION 1: ESTABLISHMENT INFORMATION

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
IF RURAL LOCATION, GIVE DIRECTIONS FROM NEAREST CITY			COUNTY	
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS)			CITY	STATE
EMAIL ADDRESS				
APPLICATION IS FOR: <input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> CHANGE OF OWNERSHIP	DATES OPEN - IF SEASONAL From: _____ To: _____	PROPOSED OPENING DATE _____	WATER SUPPLY <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Rural	SEWER SYSTEM <input type="checkbox"/> Public <input type="checkbox"/> Private

SECTION 2: LODGING LICENSING FEES – Type of Business (Choose One)

	Number of Units	FULL YEAR FEE: Jan 1 – Dec 31	HALF YEAR FEE: July 1 – Dec 31 ¹	FEE TOTAL Complete all that apply
Bed & Breakfast: (No other fees apply)		<input type="checkbox"/> \$38.00 Registration Fee	<input type="checkbox"/> \$38.00 Registration Fee	<input style="width: 80px; height: 20px;" type="text"/>
Vacation Home:		<input type="checkbox"/> \$70.00 This includes the inspection fee ²	<input type="checkbox"/> \$35.00 This includes the inspection fee ²	<input style="width: 80px; height: 20px;" type="text"/>
Specialty Resort: 10 or Less Sleeping Rooms		<input type="checkbox"/> \$70.00 This includes the inspection fee ²	<input type="checkbox"/> \$35.00 This includes the inspection fee ²	<input style="width: 80px; height: 20px;" type="text"/>
Hotel: 11 or More Sleeping Rooms <i>*See reverse side for example</i>		<input type="checkbox"/> \$2.25 per unit Plus \$25.00 Inspection Fee ² (\$70.00 Minimum Total)	<input type="checkbox"/> \$1.12 per unit Plus \$12.50 Inspection Fee ² (\$35.00 Minimum Total)	<input style="width: 80px; height: 20px;" type="text"/>
Initial License Fee³: <i>See reverse side for explanation</i>		<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00	<input style="width: 80px; height: 20px;" type="text"/>

SECTION 3: WATER RECREATION FEES

Number of Pools and Hot Tubs	FULL YEAR FEE:			HALF YEAR FEE:			
	None	One	Two or More	None	One	Two or More	
Pools ____ Hot Tubs ____	<input type="checkbox"/> \$0	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$0	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$32.50	<input style="width: 80px; height: 20px;" type="text"/>

Is Your Pool Or Hot Tub Associated With Another Licensed Establishment? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please Name Other Licensed Facility _____	TOTAL ALL FEES ABOVE THIS IS THE AMOUNT YOU OWE \$ <input style="width: 60px; height: 30px; border: 2px solid black;" type="text"/>
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SECTION 4: SIGNATURE

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.

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

A. No license will be issued until an on-site inspection is conducted and the lodging establishment is found to be in compliance. Note for **Hotel** and **Specialty Resort** applicants': Construction plans and plan review questionnaire(s) are required for new establishments or changes to existing establishments 30 days prior to initiating construction. The plans must be submitted to:

SD Dept. of Health, Office of Health Protection, 600 E Capitol Ave, Pierre, SD 57501-1700.

B. 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.

- **Section 1: Establishment information** – Please enter the establishment name, previous establishment name (if applicable), the previous license number (if applicable) along with all ownership information, physical address, directions to the establishment, mailing address, and email address in the top section of the application. Please indicate whether the application is for a new business or a change of ownership. If the establishment is only open seasonally, please enter the dates open for business along with the initial proposed opening date. Also indicate the type of water and sewer system used by the establishment.

- **Section 2: Lodging Licensing Fees** – Choose the proper lodging type that you're applying for and select the appropriate full year or half year fee based on the lodging type. If unsure, please call 605-773-4945 for assistance.

¹**Half-year license fees apply only to establishments with an initial opening date occurring after July 1st and before December 31st. Enter appropriate fee amount in the fee total column.**

²**Please note the amounts listed include the mandatory inspection fees.**

³**The initial license fee will always apply unless this application is for a Bed and Breakfast or a CHANGE OF OWNERSHIP of an establishment that has operated within the last 12 months and no renovations have taken place or are planned in the immediate future.**

*Hotel example:

28 sleeping rooms(units)

 X \$2.25 =

\$63.00

 + \$25.00 =

\$88.00 total

- **Section 3: Water Recreation Fees** – This section pertains to the number of pools or hot tubs the lodging establishment provides. Please enter the number of pools and hot tubs, select the appropriate full year or half year fee and enter the amount in the fee total column. **Half-year fees apply only to establishments with an initial opening date occurring after July 1st and before December 31st.** If your pool or hot tub is utilized by another licensed establishment, please check yes and indicate the name of the establishment. Add up all fees in the fee total column and enter the total in the amount you owe box.

- **Section 4: Signature** - The owner's signature must be notarized by a duly appointed notary public.

C. Submit the completed license application and the required license fee (checks payable to **SD Department of Health**, starter checks will not be accepted) to:

**SD Department of Health
Office of Health Protection
600 East Capitol Ave
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.

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

LICENSE EXPIRES DECEMBER 31st OF EACH YEAR