

**SECTION 1: ESTABLISHMENT INFORMATION**APPLICATION IS FOR: ☐ NEW BUSINESS OR ☐ CHANGE OF OWNERSHIP

PROPOSED OPENING DATE:

ESTABLISHMENT NAME:

PREVIOUS ESTABLISHMENT NAME (if applicable):

PREVIOUS LICENSE #:

PHYSICAL ADDRESS:

ESTABLISHMENT PHONE:

CELL PHONE:

CITY:

COUNTY:

STATE:

ZIP

EMAIL (REQUIRED):

SEASONAL OPERATION: ☐ Yes ☐ No

If yes, dates open:

From: \_\_\_\_\_ To: \_\_\_\_\_

WATER SUPPLY

☐ Public ☐ Private ☐ Rural

SEWER SYSTEM

☐ Public ☐ Private**SECTION 2: OWNERSHIP INFORMATION**

OWNER NAME (CORPORATION, LLC, SOLE OWNER):

PRIMARY CONTACT NAME:

MAILING ADDRESS:

OWNER PHONE:

CELL PHONE:

CITY:

STATE:

ZIP:

EMAIL:

**SECTION 3: LICENSING TYPE & FEES – Type of Business (Choose One)**

License Type	Number of Units	FULL YEAR FEE: Jan 1 – Dec 31	HALF YEAR FEE: July 1 – Dec 31 <sup>1</sup>	FEE TOTAL
<b>Bed &amp; Breakfast:</b> (No other fees apply)		<input type="checkbox"/> \$38.00 Registration Fee	<input type="checkbox"/> \$38.00 Registration Fee	<input type="text"/>
<b>Vacation Home:</b>		<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$35.00	
<b>Specialty Resort:</b> 10 or Less Sleeping Rooms		<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$35.00	
<b>Hotel:</b> 11 or More Sleeping Rooms <i>*See reverse side for example</i>		<input type="checkbox"/> \$2.25 per unit Plus \$25.00 Inspection Fee <sup>2</sup> (\$70.00 Minimum Total)	<input type="checkbox"/> \$1.12 per unit Plus \$12.50 Inspection Fee <sup>2</sup> (\$35.00 Minimum Total)	
<b>Initial License Fee<sup>3</sup>:</b> <i>See reverse side for explanation</i>		<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00	<input type="text"/>

**SECTION 4: WATER RECREATION**

Number of Pools or Hot Tubs:

Pools: \_\_\_\_\_

Hot Tubs: \_\_\_\_\_

FULL YEAR FEE:

None: ☐ \$0 One: ☐ \$40.00 2 more: ☐ \$65.00

HALF YEAR FEE:

None: ☐ \$0 One: ☐ \$20.00 2 more: ☐ \$32.50Is Your Pool Or Hot Tub Associated With Another Licensed Establishment? Yes ☐ No ☐

If Yes, Please Name Other Licensed Facility \_\_\_\_\_

TOTAL ALL FEES ABOVE

\$ **SECTION 5: SIGNATURE**

I certify that the information provided is true and accurate. I consent to allow inspections of the food service, lodging or campground establishment by authorized inspectors during normal business hours upon presentation of identification.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# INSTRUCTIONS

A. The license will not be issued until an on-site inspection is conducted and the lodging establishment is 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 the license.

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

- **Section 2: Ownership information** - Enter the ownership name (corporation or LLC is applicable), primary contact, mailing address, phone numbers, and email address.

- **Section 3: Lodging Licensing Types & 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. The yearly inspection fees are included with the license fee for Vacation Homes and Specialty Resorts. If unsure, please call 605-773-4945 for assistance.

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

<sup>2</sup>**Please note that the amounts listed include the mandatory inspection fees.**

*\*Hotel example 1: 28 sleeping rooms (units) X \$2.25 = \$63.00 + \$25.00 = \$88.00*

*\*Hotel example 2: 15 sleeping rooms (units) X \$2.25 = \$17.25 + \$25.00 = \$42.25 (\$70 owed as this is the minimum)*

<sup>3</sup>**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.**

- **Section 4: 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 1<sup>st</sup> and before December 31<sup>st</sup>.** 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 5: Signature** – Once the application has been completed, sign the application.

C. Submit the completed license application and required license fees to:

(NOTE: checks payable to **SD Department of Health**; starter checks will not be accepted)

**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, ascertaining the facts set forth are true and complete, and satisfactory evidence of the applicant’s ability to comply with the provisions 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 31<sup>st</sup> OF EACH YEAR**