



KCMO HEALTH DEPARTMENT
ENVIRONMENTAL PUBLIC HEALTH PROGRAM

2400 TROOST AVE, SUITE 3200
KANSAS CITY, MO 64108
Phone: (816) 513-6315



Public Health

Lodging Establishment Permit Application

Please read the following before submitting application:

- Return completed application at least 30 days prior to planned opening date or change of ownership completion date.
If an individual other than the owner completes the form, a letter from the owner delegating this responsibility must be provided.
All fees are due at the pre-opening inspection with a check or money order made payable to the City Treasurer. No cash will be accepted.
Application fee must be submitted with the completed application and is non-refundable.

OFFICE USE ONLY
Permit #: Issue Date:
Rec'd by: Date:
Assigned to: District:
Amount: Check#:

PLEASE NOTE: Filling out this application does NOT guarantee you permission to operate. You MUST contact the Kansas City, Missouri Health Department and speak with an inspector in order to complete this application process.

Existing Establishment/Renewal Change of Ownership New Establishment

Applicant Name: Date of Birth:

Lodging Establishment Information

Establishment Name:
Address: City: Kansas City State: MO Zip:
Phone: Fax: E-mail:
Number of floors: Total Number of rooms:

Please indicate if the lodging establishment has any of the following (may require an additional permit):

Indoor Pool Outdoor Pool Indoor Spa Outdoor Spa Food Service Bar Market

Owner Information

Ownership Type (Check one): Individual Association Corporation Partnership LLC

Federal Tax ID #:

Owner(s) Name:

Owner Address:

City: State: Zip:

Phone: Fax: E-mail:

Mail correspondence to: Lodging Establishment Address Owner/Alternate Address

Responsible Party

The Responsible Party is directly responsible for the lodging establishment. List the name of the individuals legally responsible for the operation; this may be the owner/permit holder, president of the corporation, manager of operations or the manager officer.

Pre-Opening Inspection Checklist

The pre-opening inspection checklist is used by the Environmental Public Health Program as a tool to assist in determining a Lodging Establishment's eligibility to safely operate. Lodging Establishments must comply with all the requirements of the *Kansas City, Missouri Lodging Establishment Ordinance and Requirements*, regardless if they appear on the checklist below. In the event there is a conflict or a discrepancy between the *Kansas City, Missouri Lodging Establishment Ordinance and Requirements* and the pre-opening inspection checklist, the Lodging Establishment must comply with the *Kansas City, Missouri Lodging Establishment Ordinance and Requirements*. Failure to meet the requirements at the time of the pre-opening inspection may result in a re-inspection fee.

Item	Yes	No	N/A
1. Water Source/Sewage Disposal			
A. Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors			
A. Easily cleanable, kept clean, and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Walls/Ceilings			
A. Clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No exposed studs, joists, and rafters (unless suitably finished)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lighting			
A. All rooms and areas used by patrons have adequate and proper lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Emergency lighting maintained in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Emergency exit signs maintained and illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fire Protection & Safety			
A. Compliance with all local building codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Compliance with all fire codes/ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Smoke detectors installed and in working condition (hardwired with battery back-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Fire alarm systems maintained in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler systems maintained in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. General Safety			
A. Stairs, railings, and ramps in compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Service openings (laundry chutes, dumb waiters, etc.) self-closing/self-latching doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Guest rooms have a means of egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Plumbing and Mechanical			
A. Hot and cold running water provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Adequate ventilation in restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Inspected mechanical units above 200,000 (BTU's) inspected and approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Non-inspected mechanical units rated at a minimum of 125 psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Temperature and pressure relief valves required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Valves not connected to relief valve discharge pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shall not discharge to cause potential hazard or damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have no more than one (1) elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Backflow Prevention			
1. Air breaks at all ice machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Air gaps present where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Inspection completed and paperwork provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Life Safety			
A. Building maintained to assure safe and sanitary conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Toxic materials stored and disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. No storage on stairs or landings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Carbon monoxide detectors required (hardwired with battery back-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Electrical			
A. In compliance with local codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Electrical switches, outlets, junction boxes covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Three (3) prong receptacles properly grounded at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Circuit boxes and electrical panels unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Sanitation and Housekeeping			

- A. Establishment kept in a clean, sanitary condition, and good repair
- B. Guest rooms
 - 1. Clean towels and washcloths provided
 - 2. Clean bed linens provided
 - 3. Mattresses and box springs clean and in good repair
 - 4. Single-service cups individually wrapped
- C. Refuse stored in leak and pest proof, non-absorbent container

12. Insect and Rodent Control

- A. Establishment maintained to prevent pests
- B. Professional services used for service and preventive maintenance
- C. Outer openings properly protected

IN ADDITION TO THIS APPLICATION, THE FOLLOWING MUST BE SUBMITTED 30 DAYS PRIOR TO SCHEDULING THE PRE-OPENING OR CHANGE OF OWNERSHIP INSPECTION:

- Copy of Permit Holder's photo ID
- Backflow Prevention Testing Paperwork
- Copy of Federal Tax ID number letter
- Copy of the City Planning & Development approved final inspection (for new construction)
- Application fee in the form of check or money order
- MDPS Boiler Certificate(s) if above 200,000 BTU's
- Copy of the Fire Inspection Report

It is advisable to obtain a copy of the Kansas City, Missouri Lodging Establishment Ordinance and Requirements to ensure compliance with all regulations. Copies are available for download on our website: www.kcmo.gov/health.

Fee Information

Fees will be accepted ONLY in the form of a check or money order. NO CASH WILL BE ACCEPTED.
A fee will be charged on all returned checks.

Please make check or money order payable to: Kansas City Treasurer

Fees Due (this section to be completed by inspector):

Application fee of \$100.00 for initial application or modifications of permits	\$ 100.00
Total number of rooms _____ (enter appropriate fee)	\$
Plan review fees required? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (if yes, enter plan review fee)	\$
Total fees due:	\$

I certify that the information stated on this application is complete and true to the best of my knowledge. I understand that any misstatement or omission of fact will render this application and any permit issued invalid.

I am familiar with the contents of the Kansas City, Missouri Lodging Establishment Ordinance & Regulations and understand that my lodging permit may be suspended or revoked by the Health Department for failure to comply with the provisions of the Ordinance (#140005, Chapter 34, Sections 600-699).

If approved, I understand that Lodging Establishment Permits may not be transferred from one person to another person, from one location to another location, or from one type of operation to another type of operation.

Signature: _____ Title: _____

Inspector (Print): _____ Approval Date: _____