



HOTEL / MOTEL BUSINESS LICENSE APPLICATION

License Year: _____

License Number: _____

Applicant Information:

Applicant Name: _____

Phone: _____ Email: _____

Position/Title: _____

Driver's License or State ID #: _____ Date of Birth: _____

Mailing Address: _____

Licensed Business Information:

Business Name: _____

DBA Name: _____

Business Location Address: _____

Business Type: Association Corporation Limited Liability Company Partnership
 Proprietorship

Mailing Address: _____

Phone: _____ Email: _____

For a proprietorship or partnership, provide the name, mailing address, phone number, and date of birth of all owners. For a corporation, provide the name, mailing address, phone number, and date of birth for each officer, director, manager, or stockholder owning or controlling the voting rights to more than 5% of the stock of the corporation.

1. Name: _____
Phone: _____ Date of Birth: _____
Mailing Address: _____
Position/Title: _____

2. Name: _____
Phone: _____ Date of Birth: _____
Mailing Address: _____
Position/Title: _____

3. Name: _____
Phone: _____ Date of Birth: _____
Mailing Address: _____
Position/Title: _____



Has anyone listed on this application ever been convicted of a criminal offense or ordinance violation (other than traffic or parking offenses) in any jurisdiction?

YES NO

If YES, list the name of the person, offense, date of conviction, and location convicted:

Acknowledgement:

If this application is made on behalf of a partnership, club, or corporation, then two signatures are required (must be listed on this application).

I/We, the undersigned, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information. I/We, the undersigned, will not violate the laws of the United States of America, the State of Illinois, and the laws, ordinances, and regulations of the City of Peoria, Illinois. I/We understand any false statements could result in the revocation or denial of the requested license. I/We understand we cannot operate prior to receiving the requested license.

Signature of Applicant

Date

Printed Name

Signature of Applicant

Date

Printed Name

This application will be considered complete when:

- ✓ All sections of this application are completed in their entirety,
- ✓ The License Fee has been paid in full.

Submit all indicated items above to:

City of Peoria
Office of Accounts Receivable
419 Fulton St. Rm. 111
Peoria, IL 61602



Application for a Hotel / Motel Business

FEE: \$75.00 per year

A Hotel or Motel Business means a commercial establishment offering paid furnished lodging to travelers or, sometimes, to temporary or permanent residents.

Municipal Tax Required:

All businesses operating as hotels, motels, inns, etc. are required to pay the City of Peoria a tax of 8% for each room rental used by the same person or persons for 29 days or less.

Failure to remit the required tax monthly (or per the tax remittance schedule issued by the State of Illinois) will result in the denial, suspension, or revocation of the Hotel / Motel Business License.

For more information regarding the City's Municipal Tax Requirements visit our website:
<https://www.peoriagov.org/270/Municipal-Sales-Tax>

License Renewals:

All Hotel / Motel licenses are valid for one (1) calendar year and expire December 31st. License fees are **not** prorated. Licenses must be renewed annually.

Questions? Contact us.

City of Peoria – Office of Accounts Receivable

Email: ar@peoriagov.org

Phone: 309.494.8588

Address: 419 Fulton St. Rm. 111 Peoria, IL 61602