TANEY COUNTY HEALTH DEPARTMENT CHANGE IN LODGING LICENSE REQUEST

320 Rinehart Rd., Branson, MO 65616 PHONE: 417-334-4544 EXT. 593 FAX: 417-336-9604



Application must be completed and emailed to EHS@taneycohealth.org a minimum of 10 business days prior to proposed opening date.								
Name of esta	ablishment as stated on license:		Date:					
Address of e	stablishment as stated on license:							
Request for a	addition/removal:							
Reason for re	equest:							
Name of licer	nsee as stated on the license:			requests				
a permanent change in the number of licensed rooms from total rooms to total rooms								
This change is being requested to reflect the addition/removal of the following room(s) from service:								
Room #	Building Name/Number	Room #	Building Name/Number					

I understand that:

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- Rooms removed from my lodging license may not be occupied for any length of stay by paid or unpaid guests, including employees or workers. If I wish to return rooms to service, I must submit this form requesting its return to my lodging license.
- All rooms added to my lodging license must pass all necessary inspections and may incur additional fees.
- I should contact the Taney County Health Department **and** my city or county government when changes to my license (including ownership changes), renovations, or the addition or removal of rooms are being planned to avoid interruptions to my lodging operations and because additional items such as permits, inspections, documents, etc. may be required. Only my city or county government can tell me what their requirements are so I must contact them for those details.
- I can learn more about how this change will impact my lodging facility by calling TCHD's Environmental Health Division at 417-334-4544, ext. 593.

Name of licensee as stated on the license (please print):								
Sign using Acrobat Reader by clicking on 'Fill & Sign' on the right then click the signature icon at the top of the page.								
Signature of licensee as stated on the license:								
Licensee Phone Number:		Licensee Email:						
Official Use Only. Do Not Write Below This Line.								
Date Received:	Date Reviewed:	Reviewed By:						
Updated: 🗆 Accounting	□ Software □ City/County	□ State □ Filed	□ Records					
Status:								
Comments:								