



LODGING FACILITY LICENSE  
MANAGER REGISTRATION

Licensee's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Manager(s) Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date