



MEMBERSHIP APPLICATION

There are four types of membership. Please circle the appropriate option:
Full (Inn) Membership (requires a \$100 application fee with this application, with annual dues (\$250 plus \$20 per room over the first guest room) prorated to 7/31 invoiced after the inspection/approval process
Aspiring Innkeeper Membership (\$50 annual dues)
Friends of BBIM Membership (\$50 annual dues)
Vendor Membership (\$100 annual dues)

Please complete the applicable sections of this application. You may return to it if you need to gather information. When you complete the application online, you will be taken to a page for the opportunity to pay your application fee / annual dues via QuickBooks online invoice or check by mail.

1. Applicant Name(s): _____
2. Inn Name/Business Name (if applicable): _____
3. Full Physical Address: _____
4. Mailing Address (if different): _____
5. Email Address: _____
6. Phone Number: _____ Website: _____
7. Open Date or Business Anniversary: _____ How many rooms are for rent? _____
8. Owner(s) Name(s): _____
9. Owner's role in business: _____
10. Name of Innkeeper(s): _____
11. Does owner or innkeeper live onsite? Y or N If no, how far from the inn? _____
12. How do you provide for emergencies when staff is absent? _____
13. Are you open year round? Y or N If no, list open dates: _____
14. Is a hot breakfast served on-site? Y or N If no, describe breakfast: _____
15. Do you have GFCI protection in all bathroom electrical outlets? Y or N
16. Do you have smoke alarms in all guest rooms and common areas? Y or N

Insurance, Licenses, Permits & Fees (Please enclose copies for our files)

1. Insurance Company/Agent: _____ Policy #: _____
2. Sales Tax #: _____ Do you have a liquor license? Y or N
3. Lodging Establishment License, Local Permits (business license, fire, and/or health dept.) and Commercial Occupancy Permit

Please enclose the nonrefundable application fee of \$100.00. Upon approval, you will be invoiced for the prorated dues. With my signature I agree to comply with the standards established and abide by all required health and safety coded.

Signature of Principal Owner: _____ Date: _____

Mail completed form and \$100 check to: BBIM, PO Box 7, Washington, MO 63090

For questions please call 636.400.6008 or email join@bbim.org

Please identify any existing BBIM member(s) who recruited you as a member and/or influenced your decision to join BBIM: _____