

Bed & Breakfast Innkeepers of Colorado Association

FULL MEMBERSHIP APPLICATION

Membership Chairman
 P.O. Box 38416
 Colorado Springs, CO 80937-8416

Have you remembered the following?

- | | |
|---|---|
| <input type="checkbox"/> Completed, signed application | <input type="checkbox"/> Proof of Legal Business Name (i.e., Business License, Sales Tax License) |
| <input type="checkbox"/> Signed Agreement Form | <input type="checkbox"/> Copy of your business liability policy declaration page |
| <input type="checkbox"/> \$175 non-refundable application fee | <input type="checkbox"/> Two (2) copies of your current brochure |

I have enclosed the above information. I agree to provide one complimentary night stay for inspection purposes. I certify that the information provided is accurate and true.

Signed _____ Date _____
 Title _____

Name of Inn	
Name of Innkeeper(s)	
Physical Address Street _____ City, State, Zip _____	Mailing Address Street/Post Office Box _____ City, State, Zip _____
Phone Number _____	Email Address _____
Toll Free Number _____	Web Site Address _____
Fax Number _____	
Owner Information Owner's Name _____ Street/Post Office Box _____ City, State, Zip _____ Phone Number _____	Is the Owner the Innkeeper? Yes No If no, what is the Owner's business role?

How long have you been open?

Staffing

Number of Staff:	Part-time	Full-time
Describe the Innkeeper's living quarters and their proximity to the guests. (See Bylaws Article IV, Section I.1.A.)		
Is the Inn ever unattended? Yes No If so, what are the circumstances?		
How can the guests reach the Innkeeper in an emergency?		

Exterior

Describe the inn's architectural style.
Describe the inn's parking facilities.

Guestrooms (Suites are considered one (1) room when rented as a unit)

Total # of rooms		Maximum # of Persons staying at the inn		Total # of Baths	
Total # of rooms with Private Baths					
Total # of rooms with Shared Baths		Maximum # of persons sharing a bath			
Describe the guest room furnishings					

Common Areas Available to Your Guests

Total #	Interior #	Exterior #
Describe your interior common areas, including furnishings.		
Describe your exterior common areas (yard, patio, hot tub area, etc.), including furnishing.		
Do you have facilities for meetings, weddings, etc.? Yes No If yes, please describe the areas and how they are used.		

Safety Features

Describe the safety features of your inn to include guestrooms, common areas, private areas and exterior.

Breakfast

Type?	Full Continental	Is breakfast freshly prepared each morning?	Yes No	Is the Innkeeper present during breakfast?	Yes No
What time is breakfast served?			Where is breakfast served?		
Describe a typical breakfast.					
Describe your table setting.					
Are other meals or snacks available?		If yes, please describe.			
Yes No					
Do you have resident pets?		If yes, what is their proximity to your guests and the food preparation/dining areas?			
Yes No					

Room Rates and Availability

What is your usual room rate range?		Do you pay a travel agent Commission?		Yes No	If yes, what percent?		%
Do you have seasonal rates?		If yes, please describe.					
Yes No							
Do you offer special rates?		If yes, please describe.					
Yes No							
Do you have a minimum stay?		If yes, when?					
Yes No							
Are you open all year?		If no, what are your operating months?					
Yes No							
Do you allow							
Smoking?		Pets					
Yes No		Yes No					
Children?		If yes, what ages?					
Yes No							
Please describe any additional restrictions (example: handicap access)							

Licenses

State Sales Tax Id #	What % sales tax do you collect? %			
City/County Sales Tax Id #				
Do you meet all local and state business requirements?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center; vertical-align: top;"> Yes No </td> <td style="width: 40%; border-left: 1px dashed black; padding-left: 10px;"> Are you required to have special permits or variances? If yes, please describe. </td> <td style="width: 30%; text-align: right; vertical-align: top;"> Yes No </td> </tr> </table>	Yes No	Are you required to have special permits or variances? If yes, please describe.	Yes No
Yes No	Are you required to have special permits or variances? If yes, please describe.	Yes No		

Insurance

<p>It is required for all BBIC members to carry current Bed & Breakfast business liability insurance. We recommend \$1,000,000 in liability coverage. A list of insurance carriers will be provided upon request. A copy of your liability policy declarations page must accompany this application.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Insurance Carrier</td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Insurance Agent</td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Address/Street or PO Box</td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Address/City, State, Zip</td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Phone Number</td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px;">Amount of Business Liability Coverage</td></tr> </table>	Insurance Carrier	Insurance Agent	Address/Street or PO Box	Address/City, State, Zip	Phone Number	Amount of Business Liability Coverage
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Other

Please include any other information not covered that will describe your inn.
Please note all BBIC members that can recommend your inn.

Thank you for your application to the Bed & Breakfast Innkeepers of Colorado Association.