



Hotel/Motel Permit Application

City of Granbury
Inspections
116 W. Bridge St.
Granbury, Texas 76048

Phone number (817) 573-1114
Fax number (817) 573-7678
Email: inspections@granbury.org

Business Address _____
 Name of Establishment _____
 Name of Owner _____ Street Address _____
 City _____ State _____ Zip _____ Phone (____) _____
 Name of Operator _____ Street Address _____
 City _____ State _____ Zip _____ Phone (____) _____
 Name of Manager _____ Street Address _____
 City _____ State _____ Zip _____ Phone (____) _____

Are any of the above listed names corporations? Yes ___ No ___ If yes, list names on reverse side of this application.

Total number of Hotel/Motel rooms _____

Signature of Applicant, Title _____

**By signing here, I am verifying that I understand the limitations on continuous and cumulative occupancy as outlined in Sec. 4.13.010. (a) No guest shall be rented a room for more than 365 consecutive days; (b) no more than 25% of rooms may be designated as "extended stay" (rented for more than 30 days).*

Mailing Address for Hotel/Motel License _____

City _____ State _____ ZIP _____ Date of Application _____

Change of owner, operator, manager or individual responsible for compliance with this section requires notification to the Community Development Department within ten (10) days.

This Hotel Permit shall be effective until December 31 of the year in which issued, unless revoked earlier. This Hotel Permit is not transferable or assignable from one person, firm, partnership, corporation or entity to another person, firm, partnership, corporation or entity.

HOTEL PERMITS WIL NOT BE ISSUED UNTIL AN INSPECTION HAS BEEN COMPLETED BY THE HEALTH, FIRE & BUILDING INSPECTORS.

FOR OFFICIAL USE ONLY

Receipt Issue Date _____ Receipt Number _____

Scheduled Inspection Time _____ Date _____

Health Insp. _____ Fire _____ Building _____

Calculation: \$50 + (_____) x \$11 per room = _____

of rooms _____ Total Due _____