



Hotel/Motel Permit Application

City of Granbury
Community Development Department
116 W. Bridge St.
Granbury, Texas 76048

Phone number (817) 573-9692, ext. 1124
Fax number (817) 573-7678

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 dgmny <

Total number of Hotel/Motel rooms _____

Mailing Address for Hotel/Motel License _____

City _____ State _____ ZIP _____ Date of Application _____

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).*

After you complete the form you must then enter your signature electronically and save the file for your records. Email the saved file to bmauldin@granbury.org.

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.

FOR OFFICIAL USE ONLY

License Issue Date _____ License Number _____

License Picked Up By _____ Date _____

Date Mailed _____

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

of rooms

Total Due

Finance Dept. Approval _____