

Bed & Breakfast Innkeepers of Colorado Association

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

TRANSFER MEMBERSHIP APPLICATION

Have you remembered the following?

- ↑ Completed, signed application
- ↑ Signed Agreement Form
- ↑ Proof of Legal Business Name (i.e., Business License, Sales Tax License)
- ↑ Photocopy of your business liability policy declaration page
- ↑ Two (2) copies of your current brochure

↑ Non-refundable application fee of \$25

Please Note: a Transfer Membership application MUST be received within 90 days of ownership transfer. Applications received past 90 days are viewed as New Membership applications and are subject to all New Membership requirements, deadlines, and fees.

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.I.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 _____ Total # of Baths _____
at the inn

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 you 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?	Yes No	If yes, please describe.			
Do you have resident pets?	Yes No	If yes, what is their proximity to your guests and the food preparation/dining areas?			

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?	Yes No	If yes, please describe.	
Do you offer special rates?	Yes No	If yes, please describe.	
Do you have a minimum stay?	Yes No	If yes, when?	
Are you open all year?	Yes No	If no, what are your operating months?	
Do you allow			
Smoking?	Yes No	Pets	Yes No
Children?	Yes No	Handicap Access?	Yes No
If yes, what ages? _____			
Please describe any additional restrictions.			

