

LODGING VENDOR'S LICENSE APPLICATION

- 1. *TYPE OF BUSINESS* _____
- 2. *NAME OF BUSINESS* _____
- 3. *NAME & ADDRESS OF OWNER OF BUSINESS* _____

- 4. *NAME & ADDRESS OF OPERATOR OF BUSINESS* _____

- 5. *TELEPHONE NUMBER* _____
- 6. *PHYSICAL ADDRESS OF RENTAL* _____
- 7. *TOTAL NUMBER OF AVAILABLE LODGING ACCOMMODATIONS (i.e. rooms, RV spaces, Campsites)* _____
- 8. *Number of accommodations which rent for less than \$2.00 per day* _____
- 9. *NUMBER OF ACCOMMODATIONS PERMANENTLY LEASED FOR PERIODS IN EXCESS OF 30 DAYS* _____
- 10. *ACCOMMODATION RATE (Please state each rate for which you rent accommodations and the number of accommodations which rent for each rate.)* _____

SIGNATURE OF APPLICANT _____

DATE OF APPLICATION _____

APPLICATION APPROVED _____

Lincoln County Manager

DATE OF APPROVAL _____

(Return completed application to: County of Lincoln, P O Box 711, Carrizozo, NM 88301)