Membership Inspection Form
Revised 4/4/10

District: _____ Representative: _____ Inspection Date: _____

Name of Bed & Breakfast: _____

Mailing Address: _____

Physical Address: _____
Street City Zip County

Name of Owners: _____
Innkeeper/Manager(s) (if different from above): _____
Telephone #: _____ 800#: _____
FAX #: _____ Email address: _____
Web Site URL: http://www. _____
Year Date Opened as B&B/Inn: _____
Number of guest bedrooms (inc Accessory Bldgs; i.e. cabins, etc: _____ # of baths _____
Type of Accessory Bldgs: _____
Type of breakfast served: [ ] Full [ ] Continental
Breakfast included in room rates? [ ] Yes [ ] No
Meals served other than breakfast? [ ] Yes [ ] No
Pool or hot tubs available for guest use? [ ] Yes [ ] No
Innkeeper's pet(s) on premises? [ ] Yes [ ] No
Guest's pets permitted? [ ] Yes [ ] No
[ ] Brochure if Available. (please attach copy).
[ ] Business listing in telephone directory.
[ ] Current NCBBI Membership Guides available for guests. (renewals only)
[ ] Hard copy of website (download main page)
How did you learn about NCBBI? _____

Mandatory Business Standards. Attach copies of all applicable documents.

- Name of Insurance Company: _____
  - Liability Limit: $_____
  - Policy Period: From _____ To _____
- NC Sales & Use Tax _____
- NC Health Inspection Type: _____ Numerical Score: _____ Date: _____
- City and/or County License(s) # _____ Date: _____
- Alcoholic Beverage License # _____ Date: _____
- Cafe License # (required for on-site catering): _____ Date: _____
- Restaurant License #: _____ Date: _____

For Inns with 13+ Rooms

- Hotel/Motel License # _____ Date: _____

North Carolina Bed & Breakfasts and Inns Association
Inspection Inquiries send to Monica Edwards, VP Memberships & Inspections, 914 Vickers Avenue, Durham, NC 27701-3145
Email: ncbbimembership@gmail.com ▪ **Website:** www.ncbbi.org ▪ **Fax:** 919-687-4245 ▪ **Phone:** 919-687-4366