

***NORTH CAROLINA BED & BREAKFASTS AND INNS
MEMBERSHIP APPLICATION***

- Type of Application: [] New Inn
[] Existing Inn
[] Current Member/ New Owners
[] Returning Member

PART A: QUALIFICATIONS FOR MEMBERSHIP: Before completing this application, please review the following requirements and check each item to indicate compliance. If you have any questions, contact our Director of Inspections (see page 3 for contact information).

- Owner or manager lives on site.
- From 1 to 20 guest rooms. Full membership of a property with more than 20 guest rooms may be approved by the NCBBI Board as a provisional member for a period of 1 year before being admitted as a full member by NCBBI's membership.
- Breakfast provided to all overnight guests at no additional charge.
- Individually and attractively decorated rooms.
- Common area(s), other than dining room, for social interaction of guests.
- High quality hospitality, housekeeping, and food service as determined by an NCBBI inspection.
- A recommended minimum of \$1,000,000 in liability insurance.
- Maintenance of an "A" Health Department Rating or Permit Letter from the NC Dept of Environmental Health.
- NC Department of Revenue Sales and Use Tax Permit. Copy of NC Dept of Revenue Sales Tax Application is acceptable. Copy of Permit must be received within three months.
- Other applicable certifications: City and/or County Privilege/Business License; ABC Permit (for all B&B/Inns selling or providing beer, wine or liquor to guests); Restaurant Permit (for all B&Bs/Inns serving meals to the public or B&Bs/inns with more than 8 guest rooms serving meals other than breakfast to their guests). Fire Inspection report as required by local authorities. NC State Permit for guest swimming pools or hot tubs.
- Innkeepers must agree to accept NCBBI Gift Certificates and to participate in NCBBI's marketing programs.

PART B: DESCRIPTION OF BED & BREAKFAST OR INN (Please Print)

Name of Bed & Breakfast/Inn: _____
Mail Address: _____
Physical Address: _____
City: _____ Zip: _____ County: _____
Telephone #: _____ Toll Free #: _____ Fax #: _____
Business Email: _____
Web Site Address: <http://www.> _____

Owner(s): _____
Owner's Address (if other than inn) _____
Personal Email: _____ Telephone #: _____

Opening Date: _____
Innkeeper/manager (if other than owner): _____
Brochure or Rack Card: Yes No
Credit cards accepted: Yes No
Business listing in phone book: Yes No
Internet access for guests? Yes No
Open all year: Yes No If no, list dates closed: _____
Type of breakfast served: [] Full [] Continental
Number of guest rooms, including accessory bldgs (cabins, etc): _____
Number of baths: _____
Breakfast included in room rate? Yes No
Are any meals served other than breakfast? Yes No If yes, are they prepared on-site or through an outside licensed caterer?
Pool or hot tubs available for guest use? Yes No
Innkeeper's pet(s) on premises? Yes No
Guest's pets permitted? Yes No
Are you a current member of: [] PAAI [] AAA [] Mobil/Forbes
[] Select Registry? Indicate rating(s), if applicable: _____
How did you learn about NCBBBI? _____

PART C: CERTIFICATIONS: Please mark each applicable box with (x) and attach copies of the required documentation:

- NC Environmental Dept of Environment, Health & Natural Resources Inspection. Attach yellow copy of actual inspection sheet, not a copy of the grade sheet. If permit or inspection is not required in your county, a letter from the appropriate authority is required.
 - B&B Home Permit (4 guest rooms or less)
 - B&B Inn Permit (5 to 12 guest rooms)
 - Lodging Permit (13+ guest rooms)
- Declaration Page of Insurance Policy to include the following information: Name of Company, Period covered - From and To, Name of Insured, and Liability Amount. This must be a policy in force, not a Proposal.
- NC Dept of Revenue Sales & Use Permit.
- City and/or County Privilege/Business Permit, if required.
- ABC Alcohol License, if applicable.
- Restaurant Permit, if applicable.
- Guest Swimming Pool and/or Hot Tub Permit, if applicable.

PART D: OPTIONAL (Please use separate sheet of paper)

1. What did you and/or your partner do before Innkeeping?
2. Is this your first experience in the hospitality field? If not, what are your experiences in hospitality?
3. What community organizations have you been a member of and did you hold any office in that organization?
4. Tell us about your interests, hobbies, and special expertise.

PART E: FEES & DUES PAYMENTS

- A \$50 application fee is due upon submission of this application, by check or credit card (see block below).
- A \$40 inspection fee is due at the time of your NCBBI inspection.
- Membership dues are payable upon acceptance into NCBBI and pro-rated for the first year. Dues include a \$25 assessment for membership in North Carolina Restaurant and Lodging Association.

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| 1 - 4 guest rooms: | \$320 |
| 5 – 8 guest rooms | \$410 |
| 9 – 16 guest rooms | \$490 |
| 17+ guest rooms | \$575 |

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| Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MC Number: _____ Expiration Date: _____ Billing Zip Code: _____ Authorizing Name on Card: _____ |
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IS YOUR FACILITY READY TO BE INSPECTED (See attached NCBBI Inspection Standards)? Yes No If no, please provide date it will be ready. Inspection must be scheduled within 90 days of application. Owner/manager must be present during inspection. _____

In signing this application, I certify to the accuracy of the information provided and agree that my inn meets all qualifications for NCBBI membership.

Signature: _____ Date: _____

SUBMIT APPLICATION, ATTACHMENTS, APPLICATION FEE, AND A COPY OF YOUR BROCHURE/RACK CARD TO:

Gene Wyatt
Director of Inspections
5136 Old Haywood Road Mills River, NC 28759
(828) 891-4652 gene.ncbbimembership@gmail.com

Please be sure to enclose all forms requested. Missing forms will delay your inspection and membership into NCBBI. If you have any questions, please call before sending application.