

NORTH CAROLINA BED & BREAKFASTS AND INNS MEMBERSHIP APPLICATION

Application is for: **New Inn** _____ **Existing Inn** _____ **Current Member/ New Owners** _____

The Applicant warrants and agrees that his/her inn meets the following membership qualifications. Please check items below to indicate you meet these specific qualifications. If you have questions, please contact NCBBI'S VP Membership Frank Salvo, WhiteGate Inn, 173 E.Chestnut St, NC.28801 **Email:** ncbbi@whitegate.net • **Phone:** (828) 253-2553at (704) 985-2830.

- Owner or Manager must be available on-site when paying guests are on premises.
- Applicants must be approved by a majority vote of the NCBBI Board of Directors. From 1 to 20 guest rooms. Full membership of a property with more than 20 guestrooms must be approved by a majority vote of the NCBBI Board as a Provisional Member for a period of 1 year before being fully admitted as a full member.
- Breakfast is provided to all overnight guests at no additional charge.
- Individually and attractively decorated rooms.
- Common rooms (separate from dining room) available for social interaction of guests.
- High quality hospitality, housekeeping, and food services as determined by an NCBBI inspection.
- A recommended minimum of \$1,000,000 in liability insurance.
- Maintenance of an "A" Health Department Rating or Permitance Letter from the N.C Dept of Environmental Health.
- NC Department of Revenue Sales and Use Tax Permit showing Account Number. Copy of NC Dept of Revenue Sales Tax Application is acceptable. Copy of Permit must be received within three months.
- Appropriate Certifications: City and/or County Privilage/Business License; Appropriate ABC Permit (for all B&B/Inns selling beer, wine or liquor to guests); Restaurant Permit (if serving meals other than breakfast to guests and/or public); Catering Permit, Fire Inspection Report as required, NC State Permit for guest swimming pools and/or hot tubs. If not required in your county we must have a letter from the respective county health inspector so stating.
- Innkeepers must agree to accept NCBBI Gift Certificates.
- Innkeepers agree to distribute NCBBI Directories to all guests and to provide information on the "Passport to the South Program."

(Please Print)

Name of Bed & Breakfast/Inn: _____

Mail Address: _____

Physical Address: _____

City: _____ Zip: _____ County: _____ District: _____

Telephone No.: _____ Toll Free No.: _____ Fax No.: _____

Business Email: _____ Personal Email: _____

Web Site Address: http://www. _____

Brochure, Rack Card or Web Site Available: Yes No Credit cards accepted: Yes No

Owner(s): _____

Owner's Address (if other than Inn): _____ City _____ Zip _____

Name of Innkeeper/Manager (if other than owner): _____ Telephone No.: _____

Opening Date: _____ No. of Rooms: _____ No. Baths: _____ Open all year: Yes No

If not, list dates closed: _____

Are any meals served other than breakfast? Yes No If Yes, please explain on back. Are they prepared on-site or are they catered in. If meals other than breakfast are prepared and served on site, then appropriate licenses and health inspections will need to be attached. Also a \$50.00 fee is required.

Are you inspected by and a current member of: PAII, ___AAA, _____ Mobil, _____ Select Registry _____?

Indicate rating if applicable. _____

PLEASE MARK WITH (x) AND ATTACH COPIES OF THE FOLLOWING:

- NC Environmental Dept of Environment, Health & Natural Resources:
- B&B Home Permit (4 rooms and under).
- B&B Permit (5 or more rooms)
- Lodging Permit (13 and up rooms)
(Include Form 3215. Not a copy of the GRADE sheet (yellow copy of actual Inspection sheet).
- Declaration Page of Insurance Policy to include the following information: Name of Company, Period 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 Privilage/Business Permit.
- ABC Alcohol License
- Restaurant Permit
- Catering Permit
- Guest Swimming Pool and/or Hot Tub Permit
- Brochure or Rack card if available.
- Include Check or Credit Card Information for (check below):
- \$ 100.00 Application Fee (required upon submission of application)
- \$230.00 plus \$20.00 per guest bedroom (includes accessory bldgs; i.e. cabins, carriage houses, etc.)
- \$40.00 Inspection Fee
- \$50.00 On-Site Restaurant Fee
- 1 Night's Lodging (free) for inspection.
- Letters from Appropriate Authorities if permit or inspection is not required in your county.

DESCRIPTION OF INNKEEPER/OWNER BACKGROUND (Please Use Separate Sheet of Paper)

1. What did you 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.

Credit Card: Visa MC Number: _____ Exp: _____

In signing this application, I certify that I have met and agree that my inn meets the above membership qualifications.

Signature: _____ Date: _____

IS YOUR FACILITY READY TO BE INSPECTED (See Enclosed 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.

PLEASE BE SURE YOU HAVE ENCLOSED COPIES OF ALL FORMS REQUESTED. IF ANY ARE MISSING, THIS WILL DELAY YOUR INSPECTION AND MEMBERSHIP INTO NCBBI. IF YOU HAVE ANY QUESTIONS, PLEASE CALL BEFORE SENDING APPLICATION. WE WANT TO SERVE YOU.

Mail to: NCBBI,
Frank Salvo, NCBBI VP Membership, WhiteGate Inn, 173 E.Chestnut St, NC.28801
Email: ncbbi@whitegate.net • Website: www.ncbbi.org • Phone: (828) 253-