

**MEMBERSHIP**



**APPLICATION**

*Note: We encourage you to complete the application on-line at [www.bbim.net/join.html](http://www.bbim.net/join.html)*

Name of Inn: \_\_\_\_\_ # Rooms: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

Owner's Role in Business: \_\_\_\_\_

Date current owner accepted first paying guest: \_\_\_\_\_

Name of Innkeeper(s): \_\_\_\_\_

Does owner or innkeeper live on-site? \_\_\_\_\_

If not, how far from the inn (in minutes): \_\_\_\_\_

How do you provide for emergencies when staff is absent? \_\_\_\_\_

Are you open year round? \_\_\_\_\_

If not, what are your dates of operation? \_\_\_\_\_

Is a hot breakfast cooked and served on-site? \_\_\_\_\_

(If not, please describe type of breakfast) \_\_\_\_\_

Do you have GFCI protection in all bathroom electrical outlets? \_\_\_ (required!)

Do you have smoke alarms in all guest bedrooms and in common areas? \_\_\_  
(required!)

*Please tell us where we can find color pictures of the Inn's exterior, common areas, and a sample guest bedroom – your website may provide the pictures.  
After your application is reviewed, we'll send you a log-in to complete your listing on bbim.org*

**Insurance, Licenses and Permits**

(Please Enclose Copies for our files)

Insurance Company/Agent: \_\_\_\_\_

Policy #: \_\_\_\_\_ (enclose copy of policy declarations or binder)

Sales Tax Number: \_\_\_\_\_

Lodging Establishment License (RSMO 315-011) \* \_\_\_\_\_

Local Permits (License, health and/or fire)\*\* \_\_\_\_\_

\*Inns with 5 or more rooms only      \*\*As required by local city & county codes

## **Please Enclose Nonrefundable Application Fee of \$100**

**Upon Approval, you will be billed for the full dues and fees (see below) – Please indicate if internet services are desired**

Base Dues are \$180, Room Dues are \$20 per room/suite/cottage.

Fees for Optional Additional Internet Service:

**I want to participate in the BBIM discount for Webervations on-line availability service for a 20% discount**

**I want a link from my listing on BBIM's website to my independent website for an annual fee of \$75 (*strongly recommended!*)**

### **PAY ONLY THE \$100 APPLICATION FEE NOW**

Payment Method:  check enclosed (make payable to BBIM)  
(check one)  I paid via PAYPAL at [www.bbim.net/join.html](http://www.bbim.net/join.html)

*With my signature on this application, I agree to comply with the standards established by BBIM and to abide by all required health and safety codes.*

Signature of Principal Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed application to:  
BBIM Membership  
7714 North Montgall Avenue, Kansas City, MO 64119**

#### **Questions?**

Call: (660) 747-5728 or email [join@bbim.net](mailto:join@bbim.net)

**Important: Please identify any existing BBIM member(s) who recruited you as a member and/or materially influenced your decision to join BBIM.**

**Do you want to participate in BBIM's Mentor Program? Yes / No**