Print Form

City of West Fargo
Hotel and Motel Inspection Fee

(Please Type or Print)

Name of Establishment:

Establishment Address:

Owner/Operator:

Name/Mailing Address:

Phone Number:

Fees are payable prior to January 1st of each year and are effective through December 31st.

Fee Table:

Units 1 -18 costs $115.00 Units 19 -35 costs $ 145.00 Units 36-100 costs $175.00

Units 101 and over costs $200.00 plus $1.00 per unit with **a maximum of $400.00.**

Calculate your fees. Choose the number of units in your establishment in the drop down box. If you have over 101 units, please enter the number of units over 101 that you have in the indicated box:

Number of Units

Enter the number of units over 101 ($1.00 per unit):

Total Fee:

Dated: **Signature:**

Title:

Please send completed form to: West Fargo City Hall
800 4th Avenue East Suite 1
West Fargo, ND 58078

Please do not write below this line

The foregoing application is hereby approved and it is recommended that a license be issued, subject to the following provisions:

APPROVED BY:_____ DATE:_____

(West Fargo Representative)

RECEIPT #:_____ RECEIPT DATE:_____ CHECK #:_____

LICENSE #:_____