

**ARIZONA ASSOCIATION OF BED AND BREAKFAST INNS  
NEW MEMBERSHIP APPLICATION**

**Please fill out the application completely.**

**Date:** \_\_\_\_\_

**The Inn and Staff**

Name of Inn: \_\_\_\_\_ Opening Date: \_\_\_\_\_

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

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

Phone Numbers: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Toll Free: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Resident Innkeeper(s): \_\_\_\_\_

Number of Staff: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Describe the architectural style of the Inn: \_\_\_\_\_

\_\_\_\_\_

Describe the historical significance of the Inn, if any: \_\_\_\_\_

\_\_\_\_\_

Describe the Inn's public or common rooms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe all other available common areas, i.e. yard, porch, patio, pool, hot tub, parking, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of: Guest Rooms \_\_\_\_\_ Private Baths \_\_\_\_\_

Shared Baths \_\_\_\_\_ Number of Guests per Shared Bath \_\_\_\_\_

Briefly describe guest rooms [décor, furnishings, etc] \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe bathrooms [tile, fixtures, tubs, showers, etc.] \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the Inn's heating and cooling systems \_\_\_\_\_

\_\_\_\_\_

Are there individual controls in each room? \_\_\_\_\_

### **Breakfast**

Name and date on Food Handler Permit, if required \_\_\_\_\_

Did you inquire of the city/county to see if a permit is required? \_\_\_\_\_

What type of breakfast do you serve? Full \_\_\_\_\_ Continental \_\_\_\_\_ Continental Plus \_\_\_\_\_

Describe a typical breakfast menu \_\_\_\_\_

\_\_\_\_\_

Describe any other meals that you may provide. \_\_\_\_\_

\_\_\_\_\_

Is there an additional charge for food served other than breakfast? \_\_\_\_\_ Explain \_\_\_\_\_

### **Safety Features**

Did you inquire of the city/county to see if a permit is required? \_\_\_\_\_

Central Sprinkler System \_\_\_ Smoke Detectors \_\_\_ Fire Extinguishers \_\_\_ Carbon Monoxide Detectors \_\_\_

First Aid kit \_\_\_

### **Business Information**

Are you open all year? \_\_\_ Describe any closures \_\_\_\_\_

Your guest smoking policy? \_\_\_\_\_ Pet Policy? \_\_\_\_\_

Children policy? \_\_\_\_\_

How are phone calls, information requests, reservation requests handled during closers? \_\_\_\_\_

\_\_\_\_\_

To what degree is your inn handicap accessible? \_\_\_\_\_

\_\_\_\_\_

Is the Inn ever unattended? \_\_\_ If so, when? \_\_\_\_\_

Where is your refund/cancellation policy stated so that guests have knowledge of the policy? \_\_\_\_\_

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Describe any special permits or variances that you have and date they were issued. \_\_\_\_\_

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Did an AABBI member recommend membership to you? \_\_\_\_\_ If so, who was it. \_\_\_\_\_

**Internet & Directory Listing**

Innkeepers: \_\_\_\_\_

Phone #'s: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Toll Free: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name(s) of innkeeper(s) as you want it to appear. \_\_\_\_\_

Email: \_\_\_\_\_

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

Price Range \$ \_\_\_\_\_ to \$ \_\_\_\_\_

25-word description: \_\_\_\_\_

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**CHECKLIST OF APPLICATION REQUIREMENTS:**

**Please check off the following list and attach all requested materials.**

1. \_\_\_\_\_ *Non-refundable* check made out to AABBI for \$75.00 for inspection
2. \_\_\_\_\_ Completed application
3. \_\_\_\_\_ Copy of commercial liability insurance policy (**cover page only**) for your inn
4. \_\_\_\_\_ Copy of AZ Dept. of Revenue Transaction Privilege license (call 800-634-6494 for information)
5. \_\_\_\_\_ Copy of current Food Handler Certificate **or** proof that this is not required by the city or county
6. \_\_\_\_\_ Your inn's Brochure/Rack Card if applicable.
7. \_\_\_\_\_ Copy of City Business License (if within city limits) **or** copy of Certificate of Occupancy if required by your County (call Building Inspection Dept. for your County)
8. \_\_\_\_\_ Copy of Confirmation Letter sent to your guests.

I am requesting membership with AABBI and will adhere to its Standards and Bylaws.

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Signature of owners

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Date