

APPLICATION FOR MEMBERSHIP
NEBRASKA ASSOCIATION OF BED AND BREAKFAST

Name of Establishment: _____

Address: _____

City: _____ State: _____ Zip +4: _____

Phone: _____ Toll Free: _____ Fax: _____

Innkeeper's Name: _____

Owner's Name if different: _____

E-Mail Address: _____ Web Address: _____

Does owner and/or manager use this property as their principal residence? _____ Date opened (mo/year) _____

Number of rooms w/ private bath: _____ w/shared bath: _____ Ratio (ex. 3 rms/1 bath): _____ Suites: _____

Do you serve a full breakfast? Y N If not, describe what you serve: _____

Do you serve other meals? Y N Describe: _____

Do you provide TV? Y N Where? _____

Do you provide a phone? Y N Where? _____

Computer access/Wireless Internet? Y N Where? _____

Do you provide current reading material: Y N Where? _____

Other special amenities: _____

Are you open all year? Y N If not, dates closed: _____

What other entertainment do you provide? _____

Has the State or City Fire Marshal's Office inspected the property and given their approval? City _____ State _____
(Not required for membership approval, but highly encouraged)

Have you obtained a sales tax permit? Y N Lodging tax permit? Y N Business License? Y N (where required)

Do you have adequate business liability insurance? Y N Company? _____

What are your double occupancy rates? _____ Single? _____

Charge for extra adults? _____ Rollaway? _____ Other? _____

Do you give discounts (business, seniors, weekday, etc.)? Y N Describe: _____

Do you accept credit cards? Y N Which ones? _____

Do you accept children? Y N Ages, charges and policies? _____

Do you allow pets? Y N Accommodations for pets? _____

Do you allow smoking: Y N Where? _____ Social drinking? Y N Where? _____

Are your facilities handicapped accessible? Y N Describe: _____

What is your minimum stay policy? _____ Deposit & cancellation policy? _____

Do you have facilities for other events such as meetings, weddings, etc.? Y N Describe: _____

How many parking spaces are available and where are they located? _____

Do you have an answering machine or service? Y N Safe Neighborhood? Y N

What special safety features do you have? (Fire alarm, deadbolt locks, etc.) _____

If you are rated by groups such as AAA, please list: _____

Description of your B & B (50 words or less, may be edited for space) Note: Don't repeat information listed in this form. _____

CERTIFICATION

With my (our) signatures on this application, I (we) certify the information on this application is, to the best of my (our) knowledge, complete and accurate. Furthermore, I (we) acknowledge receipt of a copy of the standards of the Nebraska Association of Bed & Breakfasts and agree to operate _____ in accordance with them, and to abide by the codes of the State of Nebraska and our local jurisdiction.

Signature _____ Date _____

Signature _____ Date _____

To be complete, this application must be accompanied by the following items:

- Application Fee (check for \$50.00 made out to NABB) This fee is non-refundable after inspection.
- Copy of Sales Tax and Lodging Tax Permits and Business License (if applicable)
- Proof of insurance (copy of the first page of policy showing name, level of coverage and effective date).

Mail your application to: NABB, P.O. Box 81404, Lincoln, NE 68501-1404