



Midwest Association of Independent Inns 2023 NEW MEMBERSHIP APPLICATION

*Please read the instructions & explanations before completing this form!
Print in black ink and use UPPER & lower case letters. Fill out all sections completely.*

1. DATE _____ INNKEEPER NAME(S) _____

INN NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
 MAILING ADDRESS _____
 IF DIFFERENT _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER(S) _____ TOLL FREE _____

WEB ADDRESS _____ FAX _____

E-MAIL _____

Note: Please adjust your email settings to accept group emails and identify MWInns as an approved sender!

Winter Address if different: from date _____ to date _____ MWInns mails to winter address? YES ___ NO ___

Street Address _____ City _____ State _____ Zip _____

If Owner is other than Innkeeper, please complete: Owner Name _____

Mailing Address _____ City _____ State _____ Zip _____

2. ACCOMMODATIONS

____ total number of bedrooms in house / primary building

____ number of bedrooms in ancillary buildings (e.g. cottages / cabins) rented to separate parties

____ number of cottages / cabins rented to 1 party

Wheelchair accessible? _____ YES _____ NO

ADA accessible? See explanation) _____ YES _____ NO

3. ROOM RATES

Low \$ _____

High \$ _____

Payment accepted (check all that apply)

____ Cash

____ Check

____ Credit Card(s)

4. TYPE OF BREAKFAST SERVED

Indicate "F" for Full, "C" for Continental, or "N" for None

WEEK	WEEK	
DAYS	ENDS	
_____	_____	HOUSE / PRIMARY STRUCTURE
_____	_____	ANCILLARY BUILDINGS

We'd like to get to know you!

1. What is / was your profession? _____

2. What are your skills, talents, and interests? _____

3. How did you decide to get into innkeeping? _____

5. POLICIES

CHILDREN

____ welcome

____ no

____ inquire; over _____ yrs old

SMOKING

____ yes: both inside and outside

____ yes: designated **inside** area

____ yes: designated **outside only**

____ no: smoke free property of buildings and grounds

PETS

____ Pet Free (all guest areas)

____ Guest Pets Welcome /Inquire

____ No Guest Pets Allowed

____ Resident pets in guest areas

MWINNS 2023 NEW MEMBERSHIP APPLICATION

Date your B&B opened / will open: _____
 How did you hear about MWInns? _____
 If a MWInns member encouraged you to join, please note name: _____
 What factors caused you to apply for membership?
 1. _____
 2. _____
 3. _____
 What benefits of membership do you perceive as most valuable to you?
 1. _____
 2. _____
 3. _____

MWInns Use Only

App Postmarked _____ / _____ / _____
 Pmt Rec'd _____ / _____ / _____
 Check /CC _____
 Amount \$ _____ Region _____
 License(s) _____ # Rooms _____
 Seller's _____ 2 brochures _____
 File photos _____
 Inspection: _____
 Completed _____

CHECK ALL TYPES OF CURRENT LICENSES AS REQUIRED and SEND A COPY OF EACH

_____ **Business Tax Registration / Seller's Permit (required)**
 one or more of the following lodging licenses if required:
 _____ **Bed & Breakfast and / or**
 _____ **Tourist Rooming House and / or**
 _____ **Hotel / Motel**

The number of rooms advertised may not exceed the number of rooms licensed. If number of rooms on license differs from the number of rooms on application, EXPLAIN:

_____ **Restaurant or Restaurant-Prepackaged** license must accompany TRH (if required) or H/M for primary structure
 _____ **Waiver** permitting breakfast service to guests in TRH ancillary structures when primary structure has a B&B license
 _____ **Swimming Pool / Whirlpool / Hot Tub** [Note: license must be submitted in order to advertise these amenities through MWInns. Drain & fill (single use) whirlpools are not subject to licensure.]

MAIL or SCAN & EMAIL ALL OF THE FOLLOWING TO:

MWInns ~ 206 Jefferson Street ~ Waupaca, WI 54981 **QUESTIONS?** Call us at 715-942-8180 or Email at info@mwinns.com

- _____ 1. This completed application. We recommend that you retain a photocopy.
- _____ 2. Copy of Business Tax Registration/Sellers Permit and each type of current lodging / food license if required.
- _____ 3. Check if color photos of guest common area, at least one guest bedroom, and front view of building exterior are on your website. IF these are not on your website, please send either print photos or email attachments (< 2 MB).
- _____ 4. One scan or two copies of your print brochure (a draft is acceptable.)
OR
- _____ 5. If you do not have a print brochure, print out your website pages relating to policies / reservation policies, etc.

2023 is a great time to join MWInns!

- I understand that I am eligible for all marketing & member benefits following my Inn standards review, verification of eligibility, and set up of the \$2 per room night MWInns fee (guest paid) for collecting and remitting monthly.
- I verify that the information provided by me is correct.
- I acknowledge that MWInns has the option to verify information.

Innkeeper Signature _____ Date _____