

## **Application for Membership in the Pittsburgh Bed & Breakfast Association**

Full Name of Inn: \_\_\_\_\_

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

Name(s) of Innkeeper and/or Manager (please specify title): \_\_\_\_\_

\_\_\_\_\_

Person(s) to whom mail should be addressed: \_\_\_\_\_

Address of Inn: \_\_\_\_\_

\_\_\_\_\_

Phone number of Inn: \_(\_\_\_\_\_)\_\_\_\_\_ In what county? \_\_\_\_\_

Alternate phone (please specify. e.g. "office", "home", "unlisted", etc.): \_(\_\_\_\_\_)\_\_\_\_\_

Fax number: \_(\_\_\_\_\_)\_\_\_\_\_

Website URL: \_\_\_\_\_ email address: \_\_\_\_\_

Date opened for business (first paying customer): \_\_\_\_\_

Average occupancy rate since opening: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Maximum number of guests: \_\_\_\_\_ Rates: \_\_\_\_\_

Typical breakfast: \_\_\_\_\_ Is it always included in room rate? \_\_\_\_\_

*Note: A letter of interest must also be submitted. Please include your business philosophy, any relevant experience, and most importantly, how you hope the association will benefit your inn & vice versa.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*for Association use:*

Date of Visit to Inn: \_\_\_\_\_

Members who Visited: \_\_\_\_\_

Health Permit #: \_\_\_\_\_, expires: \_\_\_\_\_ PA Occupancy Permit File #: \_\_\_\_\_, dated \_\_\_\_\_

Insurance carrier & expiration: \_\_\_\_\_ PA Sales Tax License #: \_\_\_\_\_

If in Allegheny County, Room Tax account #: \_\_\_\_\_

Other (at minimum, we recommend a letter from the local municipality stating inn is NOT in violation of any existing ordinances):  
\_\_\_\_\_