

OKBBA FULL MEMBERSHIP APPLICATION

Name of Property _____ E-mail Address _____

How did you hear about the OKBBA? _____

Street Address _____ City _____ State _____

Phone (include area code) _____ Website Address _____

State Sales Tax Number _____ Health Dept. # (if applicable) _____

Type of Property (select one)

B&B (4 or less rooms) Inn (more than 4 rooms)

Cabin (1 party registered at a time) Guest House (1 party registered at a time)

Country Inn (more than 4 rooms and serving meals)

What year was the property built? _____

Date of Certification of Occupancy _____

Date business opened _____

Federal State Local _____

Is your building a designated historic structure:

Please give a brief description of your property:

Insurance Company _____ Policy No. _____ Policy Expiration Date _____

Amt. of Liability Coverage _____ Agent, Phone No. _____

Owner/Innkeeper Information

Is your B&B/Inn Owner-operated? _____ Owner/Innkeeper Name(s) _____

Address (if different from Inn) _____

Is your B&B operated by someone other than the owner _____ Manager/Innkeepers Name(s) _____

Does Innkeeper reside on premises? _____ No. of Employees: Full time, Part time, Contract _____

Availability Information:

Are you open year round? _____ If not, seasonal dates? _____

Average no. of days open for business per year _____ Days closed _____

Do you take guests during the: Week? Weekend? Holidays? _____

During what hours is the business phone answered? _____ Is Innkeeper/manage or staff, always on site? _____

Accommodation Information:

No. of guest bedrooms _____ No. with private bath _____ Shared bath _____
Maximum people you can accommodate per night _____ Rate Range: _____ to _____
Do you accept children? _____ Any Restrictions?____
Do you allow pets? _____ Any Restrictions?____
Do you allow smoking? _____ Any Restrictions?____
Do you allow alcohol? _____ Any Restrictions?__

Breakfast Information:

Is complimentary breakfast included with the price _____ Is Breakfast served only to the guests? _____
Type of Breakfast served: Full Continental Continental Plus Other
Where can guests have their breakfast served? _____
What hours do you serve breakfast? _____

Reservation Information:

Do you accept Online Bookings? _____
Do you accept credit cards? Visa Master Card Discover American Express
What is your cancellation policy? _____
What is your deposit policy? _____
Do you pay travel agents commission?__ What %
Check-in time ____p.m. to p.m. Check-out time ____ a.m./p.m.

Facilities Information:

Do you have facilities for weddings, meetings,etc.? _____ How many people can you accommodate? _____

Amenities:

Check each selection appropriately:

- WiFi or High Speed Internet
- Television
- Telephone/ shared line with innkeepers
- Telephone in guest room with private line
- VCR
- DVD Player
- Cd Player
- Radio
- Cable TV
- Video Library
- Iron/Ironing Board
- Hair Dryer
- Coffee Maker
- Guest Laundry
- Microwave
- Mini Refrigerator
- Complimentary Beverages
- 24 hour access to come and go from inn
- Individual Room Keys
- Hot Tub (Outside)
- Whirlpool Tub (Inside)
- Office Work Area
- Computer
- Fax Machine
- Meeting Room
- Handicap Access
- Robes

Annual Dues and Fees Information:

Return completed application with:

- Three (3) brochures and/or color photograph of property.
- One time new membership processing and website costs of \$50
- Annual dues of \$100 (could be prorated by quarters when joining)

This may be paid by check or money order OR PayPal (*Membership Page*). If paying by check or money order along with application, brochures and/or picture to OKBBA, PO Box 307 Cookson, OK 744277

I certify that I have read each of the questions on this application carefully and have answered honestly to the best of knowledge and ability. By signing this agreement, I also certify that I will abide by the Association's By-Laws and Standards and carry the appropriate insurance coverage.

Signed_____ Date_____