

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

Dues/Fees Information:

Return this application with a check for \$15 to cover new member processing costs. The Membership Chairperson will contact you regarding scheduling an on-site Quality Review of your inn. You will receive a copy of the Quality Review Checklist to go over before your appointment with the Reviewer. At that time you will pay \$75 to the OKBBA to cover cost of Review. The on-site Quality Review will be repeated at 1 year and then every 3 years. When your Quality Review has been presented to the Board, a statement will be sent to you for your annual dues for Membership in the Oklahoma Bed & Breakfast Association. Annual Dues are \$175 plus \$5 per guest room.

Make your check payable to OKBBA

Return this application and \$15 check to OKBBA, PO Box 307, Cookson, OK 74427.

Include:

1. Check or money order for \$15.
2. Three (3) brochures and color photograph of property

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. I agree that membership in the OKBBA is conditioned upon satisfactorily passing the Quality Review Inspection set forth in the OKBBA Program of Quality Assurance Standards.

Signed _____ Date _____