

Inspected & Approved



WASHINGTON

Bed & Breakfast Guild

Washington Bed and Breakfast Guild

P.O. Box 2672

Olympia, WA 98507

Phone: (253) 770-6284

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WASHINGTON BED AND BREAKFAST GUILD MEMBERSHIP APPLICATION

Thank you for your interest in the Washington Bed & Breakfast Guild, the only statewide association of professional innkeepers. All application criteria must be met for your inn to be considered for Guild membership. A list of criteria can be found on the WBBG website at www.wbbg.com and click on Membership. We are happy to answer any questions about the application process or membership criteria at vpmembership@wbbg.com

Application for New Membership:

- Please print and fill out the application, and FAX to 866-241-0247. A \$125 non-refundable application fee will be charged to the credit card information provided on this application
- Fill out the membership criteria form posted on wbbg.com and fax all required documentation to 866-241-0247.

Upon receipt of a completed application, payment of application fee, and required documentation the Quality Advisor will be notified to schedule an inspection visit to the prospective member inn. The QA Advisor will use the membership criteria during the inspection. The prospective member inn will be notified of their approval status after a vote by the WBBG board. Approved inns will be contacted for membership dues, which may be pro-rated.

Transfer of Membership: Upon sale of a member inn, new owners must complete this application for transfer of membership within 30 days of taking ownership. A \$125 non-refundable transfer fee must accompany the application. Upon receipt of the transfer fee the Quality Advisor will be notified to schedule an inspection. All current dues paid by the selling member are considered payment for the membership year in which the transfer occurred.

Membership (check one): New membership or Transfer of Membership

B&B name: _____

Onsite Innkeeper names: _____

Owners name (if different from Innkeeper): _____

Address of B&B: _____

County in which the B&B is located: _____

Phone: _____ Toll Free: _____ Fax: _____

Owners address (if different from Inn): _____

Who referred you to the WBBG? : _____

of rooms/baths: _____ / _____ shared baths _____ Room Rates (range): _____ to _____

Web Site: _____

e-mail address: _____

Mailing address (if different from address of Inn): _____

Is B&B open all year? If not, approximate dates of closure: _____

Do you allow children? Please specify ages of children taken at Inn: _____

Other associations: PAII B&B city associations (names): _____

Required Documentation: Copies of all required licenses or permits below must be attached to this document and faxed to 1-800-241-0435 before the QA Inspection will be scheduled.

FEDERAL REQUIREMENTS

* **Employer Identification Number (EIN):** ____ - ____ - ____ - ____ - ____

STATE REQUIREMENTS

* **State Master Business License (UBI):** ____ - ____ - ____ - ____
The Inn is registered with the Washington State Dept. of Revenue and pays all required taxes. Call 360-664-1400 for initial application or annual renewal, or on-line at <http://www.dol.wa.gov/business/file.html>. Please fax copy of current license to WBBG.

* **State Transient Accommodations (facility ID):** ____ Required for 3 or more rooms.
Call 1-800-771-1204 for initial application or on-line at http://www.doh.wa.gov/hsqa/fsl/arcs/ta/lic_req.htm. Please fax copy of current license to WBBG.

State Liquor Control Board, Class 11 Permit: (where applicable) Please fax copy of current license to WBBG.
Call 1-800-771-1204 or on-line at <http://liq.wa.gov/licensing/license-forms-page.aspx#Applications>

* **Approved by State or Local Fire Marshall** where applicable. Please fax copy of current license to WBBG, if applicable.
Where applicable, the inn is inspected and approved by the state or local fire marshal.

Yes No N/A Number _____ Expires _____

COUNTY REQUIREMENTS

* **Current County Food Handlers Permits:** Please fax copy of current Permits to WBBG.
A current food handler's permit is required for anyone involved in food service regardless of their County requirements.

Yes No Name _____ Expires _____

* **County Business License:** (where required): Please fax copy of current license to WBBG, if applicable.

* **County Health Permit** (where required): Please fax copy of current license to WBBG, if applicable.

* **County Well Water Certification** (where applicable): Please fax copy of current license to WBBG, if applicable

* **County Water Supply Testing & Approval** Any water supply testing and approval requirements are met.
Yes No N/A Number _____ Expires _____

* **Hot Tub/Spa Health Dept. Approved & Licensed** (where applicable) Please fax copy of current license to WBBG

CITY REQUIREMENTS

* **City Business License** (where required): Please fax copy of current license to WBBG, if applicable.

WASHINGTON BED & BREAKFAST REQUIREMENT **Liability Insurance** (\$1,000,000 min)

Home Owners insurance covers personal Liability. This does not provide any coverage for auto or business related incidents.
Commercial insurance or **Business Owners Policy** covers your commercial assets & business liability for your business.

B&B's need Both coverage! It is best to talk with an insurance company who specializes in insurance for our industry. Please inquire about our associate members who offer this type of insurance.

* WBBG requires at least \$1,000,000 liability combined (Home & Commercial) coverage. A Commercial policy must be in the name of the B&B.

Insurance Company _____

Names _____
(The Inn itself must be named in the policy endorsement)

Expires _____

Policy Amount _____ (Minimum \$1,000,000 Liability)

WBBG is a volunteer organization and to help us

I will volunteer to assist the Guild (check at least one) Membership ____ Website ____ Conference ____
Lodging map production ____ Web ad sales ____ Government relations ____ Financial ____
Aspiring Innkeeper program ____ Marketing ____ Other ____ (please specify): _____

Payment for Application fee of \$125 (one time fee)

Payment types (check one): Visa ____ MasterCard ____ check ____ (mailed)

Credit Card: _____ - _____ - _____ - _____ exp date ____/____ Billing Zip: _____

() Check this box if you wish to use the same credit card for your membership dues payment once approved for membership

Membership Dues:

Basic fee is **\$399** per year.

Discount for early renewal or new member (**\$50**)

Discount for WBBG widget on member website* (**\$100**)

The first year's dues will be prorated on a 12 month basis from when you join to October 1 (beginning of the next dues year).

*widget must be verified by WBBG webmaster

Membership agreement:

- I/we agree to distribute or make available the WBBG lodging map to guests.
- I/we pledge to maintain the highest standards of cleanliness, safety, comfort, hospitality and ethics in accordance with the WBBG standards and will abide by the WBBG by-laws, which are available on request.
- I/we give permission for a planned site inspection by our independent Quality Advisor (qa@wbbg.com). WBBG encourages the prospective member inn to give the QA an overnight stay without charge (The QA has a wealth of knowledge and experience and should be considered a valuable resource for your Inn).

Signature: _____ Date: _____