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Vermont Inn & Bed & Breakfast Association Membership Application

Inn Management

			Date of Application		
Name of Inn			Corporation Name		
Physical Address			City/State/Zip		
Mailing Address (if different)			City/State/Zip		
Telephone		Toll Free		Fax	
Email			Website URL		
Owner(s) Name(s)				Is the inn Owner Operated	
				Yes No	
Name of General Manager (if not owner)			Does Owner/Manager (circle one)		
			Live in the inn on premise but separate building off premise and how far _____ miles		
Is the inn/B&B your primary occupation					
Yes		No (elaborate)			

About the Inn

Property Type (circle one)		Years in Operation Overall		Years under current Management	
Inn Bed & Breakfast					
# Guestrooms		# with Private Bath		# with Shared Bath	
Are you Open Year-'round		If not, list dates closed			
Yes No					
Room Rates		Rates include			
From \$ _____ to \$ _____					

Food & Drink

Type of Breakfast Served		Presentation		
Full Continental		Buffet Table Service Combination		
Do You Serve Dinner (circle one)				
Yes No		In-house Guests only		In-house and public dining
Do you offer other meals? Describe				
Do you serve alcohol (circle one)				
No		Beer/Wine Only		Full License

Regulations

Do you carry commercial Fire & Liability Insurance Y N	VT Dept of Health License Number
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Associations and Memberships (optional - for information purposes only)

Are you currently a member of (circle all that apply)				
AIHP	PAII	Select Registry	NEIRA	Other B&B/Lodging Association (list)
Are you currently rated by	AAA	#Diamonds		
	Mobil	# Stars		
	Others			
How did you learn of VIBBA				
By whom were you referred, if anyone				

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

Signature of Owner/Innkeeper	Date:
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VIBBA Annual Membership Dues: \$75 + \$5/room = \$_____
(maximum dues is \$200 for inns with more than 25 rooms)

Please submit your completed application along with a check made payable to VIBBA for the above stated dues to:

Jack Orlando, VIBBA Treasurer
c/o Inn at Ormsby Hill
1842 Main Street
Manchester Center, VT 05255