



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 LODGING PROGRAM  
**VIOLATION NOTICE**

NAME OF OWNER(S) or GENERAL MANAGER OF LODGING ESTABLISHMENT			
NAME OF LODGING ESTABLISHMENT			COUNTY
LODGING ESTABLISHMENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			
Pursuant to Sections 315.005-315.065, RSMo, and 19 CSR 20-3.050, an inspection or investigation was conducted for the above lodging establishment.			
As a result, the lodging establishment was determined to be in violation of the above law and/or rule due to the following conditions:			
<input type="checkbox"/> Establishment is operating without a current license <input type="checkbox"/> Establishment failed to correct violations noted on annual inspection and/or inspection(s) follow-up dated: _____ <input type="checkbox"/> Establishment failed to correct violations noted on complaint investigation(s) dated: _____ <input type="checkbox"/> Establishment failed to correct violations noted on compliance plan dated: _____  <input type="checkbox"/> Other (describe): _____			
Pursuant to Sections 315.005-315.065, RSMo, lodging establishments may request a hearing before the Department of Health and Senior Services by filing a written request within ten (10) days of receipt of this notice. Requests shall be directed to: Missouri Department of Health and Senior Services, Lodging Program, P.O. Box 570, Jefferson City, Missouri 65102-0570.			
REMEDIAL ACTION(S) INDICATED			
If at any time it is determined that a lodging establishment is not in compliance with Sections 315.005 to 315.065, RSMo, the department shall notify the owner of the lodging establishment of such alterations or changes as may be deemed necessary to be in compliance therewith. If the violations are not corrected in the timeframe(s) allowed, the department is authorized to revoke or not renew the license. Under Section 315.045, RSMo, any person establishing, conducting, managing, or operating any lodging establishment without a license is guilty of a class B misdemeanor.			
COMPLIANCE SCHEDULE			
RECEIVED BY (SIGNATURE)			DATE
IN LIEU OF SIGNATURE, SENT BY REGISTERED MAIL (ARTICLE NUMBER)			RECEIVED DATE
SIGNATURE OF REGULATORY AUTHORITY REPRESENTATIVE	TITLE	EPHS NO.	DATE
<i>Blaine Dobb</i>			
AGENCY NAME			TELEPHONE NO.