

VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH
OFFICE OF ENVIRONMENTAL HEALTH SERVICES
4452 CORPORATION LANE #224
VIRGINIA BEACH, VA 23462
(757) 518-2646
(FAX) 518-2642

2017 - 2018

HOTEL/MOTEL/BED & BREAKFAST APPLICATION FOR DEPARTMENT OF HEALTH PERMIT
RETURN ORIGINAL (NOT A COPY) WITH \$40.00 FEE. A COPY OF YOUR COMMISSIONER OF REVENUE
BUSINESS LICENSE MUST BE SUBMITTED WITH THIS APPLICATION.
DUE NOT LATER THAN 3-15-15

Date: _____ New Establishment: _____ Renewal: _____ Ownership Change _____ Update: _____

I hereby make application to the Virginia Beach Department of Public Health for a permit to operate a Hotel/Motel/Bed & Breakfast

Name of Hotel/Motel/B&B: _____ Phone: _____ FAX: _____

Address of Establishment: _____
(Complete Number and Street Name) City State Zip

Name of Owner: _____ Home Phone: _____

Home Address of Owner: _____
City State Zip

Name of Operator: _____ Federal ID #: _____

Corporation Name (if applicable): _____

Months of Operation: Yearly: _____ Seasonal: _____ (indicate months operated)

WATER SUPPLY: Public _____ Private _____ Other _____
SEWAGE SUPPLY: Public _____ Private _____ Other _____

Total # of rooms: _____ Total # rooms rented/leased for continuous 15 days or more duration: _____

Total # rooms providing routine services such as housekeeping: _____

Restaurant on premises: _____ Yes _____ No (If yes, name of Restaurant) _____
Is continental breakfast served: _____ Yes _____ No

Swimming pool or spa on premises: _____ Yes _____ No (If yes) _____ Indoor _____ Outdoor _____ Spa

- I/We understand:
- (1) Permits are not transferable from one owner to another. The Health Department must be notified if ownership changes.
 - (2) Permits are renewable annually
 - (3) Permits are subject to revocation for just cause.
 - (4) Health Department representatives may enter the premises to inspect and investigate complaints, etc. as required.

Signature of authorized applicant/agent/owner _____ Date _____

HEALTH DEPARTMENT USE ONLY

Permit # 29-_____ CT _____ EHS _____ Ck. # _____ Enc # _____
Credit Card Approval #: _____