



COMMONWEALTH OF VIRGINIA
 RICHMOND CITY HEALTH DISTRICT
 400 East Cary Street, Suite 322
 Richmond, VA 23219
 (804) 205-3912
 FAX (804) 371-2208

RICHMOND CITY
HEALTH DISTRICT

'Working together for a healthier Richmond

APPLICATION FOR A HOTEL OPERATION PERMIT

\$40.00 ANNUAL FEE

Please place a next to the address where you would like VDH to mail correspondence

<input type="checkbox"/> Hotel Name:	
Hotel Address:	City/State/Zip:
Hotel Phone:	Email:

<input type="checkbox"/> Owner Name:	
Owner Address:	City/State/Zip:
Owner Phone:	Email:

<input type="checkbox"/> Lessee Name:	
Lessee Address:	City/State/Zip:
Lessee Phone:	Email:

FACILITY INFORMATION

Total # guest rooms: _____			
Facility type:	<input type="checkbox"/> Hotel	<input type="checkbox"/> Motel	<input type="checkbox"/> Bed & Breakfast
Application for:	<input type="checkbox"/> Change of ownership	<input type="checkbox"/> New facility	
Operation season:	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Year-round	
Water supply:	<input type="checkbox"/> Waterworks	<input type="checkbox"/> Private well	
	Permit #: _____		
Sewage disposal:	<input type="checkbox"/> Public sewer	<input type="checkbox"/> Onsite disposal system	<input type="checkbox"/> Discharge system
Will there be food service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Food Service may require a separate Food Establishment Permit			

