

## 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  $\checkmark$  next to the address where you would like VDH to mail correspondence

□Hotel Name:				
Hotel Address:		City/	State/Zip:	
Hotel Phone:		Email	:	
□Owner Name:				
Owner Address:		City/	State/Zip:	
Owner Phone:		Email	:	
□Lessee Name:				
Lessee Address:		City/	State/Zip:	
Lessee Phone:		Email	:	
	FACILITY	INFO	RMATION	
Total # guest rooms:				
Facility type:	Hotel		Motel	Bed & Breakfast
Application for:			Change of ownership	New facility
Operation season:			Seasonal	Year-round
Water supply:			Waterworks	Private well
			Permit #:	
Sewage disposal:	Public s	ewer	Onsite disposal system	Discharge system
Will there be food service?			Yes	No
Food Service	e may requir	e a sej	parate Food Establishment	Permit

	Swimming pool	Hot tub
(Check all that apply)	<u></u> ~8 , · · · ·	
Swimming/Sauna/Hot tub faciliti	es require a separate construc	ction permit
Attached certificate of occupancy	Yes	No
issued by Building Official?		
A certificate of occupancy is required for	new hotels, and after constru	ction or renovatio
You must remit to VDH a \$40 fee <b>annu</b> may seek collection as authorized by Co	•	VDH
A separate plan review is required for all hotels pri	on to any construction, renovati	on on conversion
s separate plan review is required for an noters pri	or to any construction, renovation	on, or conversion.
understand this form contains information subject to	disclosure under §2.2-3700 of the	Code of Virginia.
Owner/Lessee Signature	Da	ite:
Printed Name		
Timed Ivaine		
VDH II		
	SE ONLY	
		Date:
Fee Amount Received: Receipt #	☐ Cach ☐ Check ☐ Wive	Date: Transfer □ Credit Card
Fee Amount Received: Receipt # Received by:	☐ Cach ☐ Check ☐ Wive	Transfer $\square$ Credit
Fee Amount Received: Receipt #	☐ Cash ☐ Check ☐ Wire	Transfer ☐ Credit Card
Fee Amount Received: Receipt #	Cash Check Wire  Permit Issued By:  Expiration Date	Transfer□ Credit Card
Fee Amount Received: Receipt #	Cash Check Wire  Permit Issued By:  Expiration Date	Transfer□ Credit Card
Fee Amount Received: Receipt #	Cash Check Wire  Permit Issued By:  Expiration Date	Transfer ☐ Credit Card