



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:	___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 sewer	___Onsite disposal system	___Discharge system
Will there be food service?	___Yes	___No	
Food Service may require a separate Food Establishment Permit			

