



Danville City - Pittsylvania
Halifax - Mecklenburg - Brunswick



Application for a Department of Health Tourist Establishment/Summer Camp Permit

Application for a: Permit Renewal Building Plan Review New Establishment
 Name Change (former name: _____) Change of Owner

Applicant's Name: _____ Telephone: (____) _____

Fax: (____) _____ Email: _____ Cell#: (____) _____

Mailing address: _____

Establishment Name: _____ Telephone: (____) _____

Fax: (____) _____ Email: _____

Establishment Physical Address: _____

Establishment Mailing Address: _____

Establishment GPIN or Tax Map #: _____

Establishment owner is a/an: Association Corporation Individual Partnership
 Other: _____

Names, titles and addresses of persons comprising legal ownership (attach list if necessary):

Name, title and address of local registered agent (if required):

Name, title, address and telephone of person directly responsible for establishment:

Name, title, address and telephone of person who is the immediate supervisor of the person directly responsible for the establishment (i.e., zone, district or regional supervisor):

Is the tourist establishment: Summer Camp Hotel/Motel Bed & Breakfast Seasonal Year-Round

Number of rooms/campers: _____ Pool: Yes No / Sauna: Yes No / Hot Tub: Yes No

Food Service: No Yes: Type: Full service restaurant Continental breakfast Prepackaged foods only
(Food Service may require a separate Food Establishment Permit)

Smoke free Smoking allowed in restricted areas Smoking with no restrictions on public

Not applicable/no indoor seating

Water Supply: Public Waterworks Private Well

Sewage: Public Sewer Private (Type: _____)

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FEES:	Plan review: \$40	Permit: \$40
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** Please make checks payable to the local Health Department. We do accept credit or debit cards by phone at the local office where the facility is located.*

Please send completed application and the fee(s) to the appropriate Health Department:

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Brunswick County Health Department
 1632 Lawrenceville Plank Road
 Lawrenceville, Virginia 23868 Phone:
 434-848-2525
 Fax: 434-848-2235

F cpxkng"Ekv{ "J gcnj "F gr ctvo gpv"
 548"Vc{ rjt "F tkxg"
 F cpxkng"Xkti kpk"46763"
 Rj qpg<656/988/; : 4: "
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 Rj qpg<656/95: /8: 37"
 Hcz<656/95: /48; 7"

Pittsylvania County Health Department
 P.O. Drawer 369
 Chatham, VA 24531
 Phone: (434) 433-3544
 Fax: 434-432-7764

Halifax County Health Department
 P.O. Box 845
 Halifax, Virginia 24558
 Phone: 434-476-4863
 Fax: 434-476-4869

Applications may be submitted via email at:
 environmentalhealthsshd@vdh.virginia.gov (Southside)
 environmentalhealthpdhd@vdh.virginia.gov (Pittsylvania-Danville)

Attached Certificate of Occupancy issued by Building Official: Yes No (A certificate of occupancy is required for new hotels, and after construction of renovation)

I/we attest to the accuracy of the information provided, affirm to comply with the Tourist Establishment, and/or Summer Camp Regulations of the Code of Virginia Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: _____ Date: _____

For Official Use	Received by: _____
Application/Permit Fee Paid: ____ / ____ / ____	Receipt Number: _____
Plan Review Fee Paid: ____ / ____ / ____	Receipt Number: _____