



Portsmouth Health Department
Division of Environmental Health
 1701 High St
 Portsmouth, VA 23704
 (757) 393-8585, Ext 8585

Office Records
Date Received: _____
\$40 Plan Review: _____

Hotel/Motel Establishment Permit Application

**** Please fill out application entirely. ****

Application Fee \$40; Make checks payable to **Portsmouth Health Department**.

Purpose: New Establishment Renovation Name Change Owner/Corporation Change

Name of Establishment: _____
 Facility Address: _____ Suite # _____
 Facility Phone: _____ Email address: _____
 Billing Address: _____
 If change of ownership or name, previous facility name: _____

Name of Owner: _____
 Mailing Address: _____
 Telephone: _____
 Establishment owner is a/an: Association Corporation Individual Partnership Other Legal Entity
 Association, Corporation, Partnership name: _____

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____
Months of Operation: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Room Rental Length: Day Week Month

Number of Rooms: _____ **Number of Floors:** _____

Water Supply: (check appropriate box) Public- Name _____ or Private- Type _____
Sewage: (check appropriate box) Public- Name _____ or Private- Type _____

Kitchen equipped lodging units provided. Yes No

Ice Provided on Premises? Yes No
 Ice made on site **OR** Supplier _____

Number of Ice Dispensing Machines None Bin _____ Automatic _____
 Location _____

Laundry on Premises? Yes No Location _____

I/we attest to the accuracy of the information provided, affirm to comply with the Commonwealth of Virginia Board of Health Sanitary Regulations for Hotels 12 VAC 5-431 and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Applicant's Signature: _____ Title: _____
 Applicant's Name (printed): _____ Date: _____

For Official Use:	
Environmental Health Spec. _____	Issue Date: _____
Expiration Date: _____	