



# Commonwealth of Virginia

## Rappahannock Rapidan Health District

Culpeper County	(540) 829-7466	Fax: 540-829-7492	640 Laurel St, Culpeper, VA 22701
Fauquier County	(540) 347-6363	Fax: 540-347-6405	330 Hospital Drive, Warrenton, VA 20186
Madison County	(540) 948-5481	Fax: 540-948-3841	1480A N Main St, Madison VA 22727
Orange County	(540) 672-1291	Fax: 540-672-1093	450 N. Madison Rd, Orange, VA 22960
Rappahannock County	(540) 675-3516	Fax: 540-675-1021	338 A Gay St, Washington VA 22747

### Application for a Hotel Operation Permit

\$40.00 Fee Annually

**Application for a:**     Hotel/Motel             Residential B&B

**Type of application:**     New Establishment     Renewal     Name Change     Change of Owner  
*(New and establishments to be remodeled must submit a plan review application & required documentation)*

**Name of Establishment:** \_\_\_\_\_

**Physical Location:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone No.:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Establishment is a/an:**     Association     Corporation     Individual     Partnership     Other

**Association, Corporation, Partnership name:** \_\_\_\_\_

**Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Operator / Registered Agent (Person directly responsible for the establishment):**

**Name:** \_\_\_\_\_  
**Address of Operator:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Title:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of Rooms:** \_\_\_\_\_ **Persons Housed:** \_\_\_\_\_

**Water Supply:**

Public – Name \_\_\_\_\_  Private Well (*Submit water sample results taken within last 90 days*)

**Sewage Disposal:**

Public – Name \_\_\_\_\_  Private System:  Conventional  Alternative

Pit Privy  Other (*describe*) \_\_\_\_\_

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**Food Services:**

None  Full Service  Continental  Prepackaged ONLY

**Services:**

None  Pool  Hot Tub  Gym

**Smoking:**

N/A  Non Smoking  Smoking in designated rooms/areas

**In addition to state requirements, applicants are responsible for complying with all local ordinances, including plumbing, building, electrical and zoning ordinances in the construction, maintenance and operation of all campgrounds.**

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_