**APPLICATION FOR A HOTEL OPERATION PERMIT ($40.00 Fee)**

Please place a  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 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  Permit #:\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_Private well |
| 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** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Are there swimming facilities? (Check all that apply) | \_\_\_Sauna | \_\_\_Swimming pool | \_\_\_Hot tub |
| **Swimming/Sauna/Hot tub facilities require a separate construction permit** | | | |
| Attached certificate of occupancy  issued by Building Official? | | \_\_\_Yes | \_\_\_No |
| **A certificate of occupancy is required for new hotels, and after construction or renovation.** | | | |

You must remit to VDH a $40 fee **annually**.  Should you not remit this fee VDH may seek collection as authorized by Code of Virginia § 2.2-4800 et seq.

**A separate plan review is required for all hotels prior to any construction, renovation, or conversion.**

I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia.

Owner/Lessee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VDH USE ONLY** | | | | |
| Fee Amount Received:\_\_\_\_\_\_\_\_\_\_\_ | Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Cash Check Credit Card …………………………………………… | |
| Tax Map/GPIN/Census Tract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |