



Commonwealth of Virginia
Chesapeake Health Department
Division of Environmental Health
748 North Battlefield Boulevard
Chesapeake, VA 23320
(757) 382-8672 Fax (757) 382-8713

Office Records
Date Received _____
\$40 Plan Review _____
\$40 Annual Permit _____

HOTEL, MOTEL, BED & BREAKFAST PERMIT APPLICATION
THIS IS NOT A PERMIT TO OPERATE

Please print or type the information requested below and return the completed application, a copy of your business license (if applicable), and permit fee of \$40 to the address listed above. The establishment and owner's name must be the same as recorded on the City of Chesapeake business license. Please note that permits are not transferable in a change of ownership.

Application with plan review fee of \$40 must be submitted to the Chesapeake Health Department for review and approval before any work may be done in the facility. If any existing equipment is to be replaced or new equipment is installed, the manufacturer's specifications must also be submitted. Please contact our office at (757)-382-8672 for more information.

<input type="checkbox"/> New Establishment <input type="checkbox"/> Renewal <input type="checkbox"/> Name Change <input type="checkbox"/> Change of Owner Type of Application: <input type="checkbox"/> Hotel or Motel <input type="checkbox"/> Bed & Breakfast/Inn <u>Business license ONLY required with applications for New Establishments; Name Change; Change of Ownership</u>

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

Email Address: _____ (Important for Product Recalls & Public Health Emergencies)
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Name of Owner: _____
Mailing Address: _____
Telephone: _____

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

Association, Corporation, Partnership name: _____

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

Person directly responsible for the establishment:

Name _____
Title _____
Address _____
Telephone Number: _____

Immediate supervisor of person directly responsible for the establishment:

Name _____
Title _____
Address _____
Telephone _____

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

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 _____

Food Service on Premises? Yes No
(If yes, a Food Service Establishment Permit Application must also be completed)

Food Service Type:
 Full Service Restaurant
 Continental Breakfast
 Breakfast for Bed & Breakfast Guests

Kitchen equipped lodging units provided? Yes No

Swimming Pool/Hot Tub/Spa on Premises? Yes No
(If yes, a Recreational Water Facility Permit Application must also be completed)

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:

Census Tract: _____ Environmental Health Spec. _____

Issue Date: _____ Expiration Date: _____