



*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 Annual Permit: _____
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## Hotel, Motel, Bed & Breakfast Permit Application

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

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

**Purpose:**  New Establishment  Renewal  Name Change  Owner/Corporation Change

**Name of Establishment:** \_\_\_\_\_  
**Facility Address:** \_\_\_\_\_ **Suite #** \_\_\_\_\_  
**Facility Phone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_

**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

**Water Supply:** (check appropriate box)  Public- Name \_\_\_\_\_ or  Private- Type \_\_\_\_\_  
**Sewage:** (check appropriate box)  Public- Name \_\_\_\_\_ or  Private- Type \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**Establishment owner is a/an:**  Association  Corporation  Individual  Partnership  Other Legal Entity  
**Association, Corporation, Partnership name:** \_\_\_\_\_

**Person directly responsible for the establishment:**  
**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**Room Rental Length:**  Day  Week  Month

**Number of Rooms:** \_\_\_\_\_ **Number of Floors:** \_\_\_\_\_

**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  Bed & Breakfast Guests

**Kitchen-equipped lodging units provided?**  Yes  No **Automatic ice dispenser on premises?**  Yes  No

**Pool/Hot Tub/Spa on premises?**  Yes  No \*If yes, a Recreational Water Facility Permit Application **must** also be completed.

**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:** \_\_\_\_\_

<b>For Official Use:</b> Census Tract: _____ Issue Date: _____	Environmental Health Spec. _____ Expiration Date: _____
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