



## APPLICATION FOR A HOTEL OPERATION PERMIT

\$40.00 ANNUAL FEE

Please place a  next to the address where you would like VDH to mail correspondence

<input type="checkbox"/> Hotel Name:	
Hotel Address:	City/State/Zip:
Hotel Phone:	Email:

<input type="checkbox"/> Owner Name:	
Owner Address:	City/State/Zip:
Owner Phone:	Email:

<input type="checkbox"/> 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	___Private well	
	Permit #: _____		
Sewage disposal:	___Public sewer	___Onsite disposal system	___Discharge system
Will there be food service?	___Yes	___No	
<b>Food Service may require a separate Food Establishment Permit</b>			

Are there swimming facilities?     \_\_\_Sauna            \_\_\_Swimming pool            \_\_\_Hot tub  
(Check all that apply)

**Swimming/Sauna/Hot tub facilities require a separate construction permit**

Attached certificate of occupancy    \_\_\_Yes    \_\_\_No  
issued by Building Official?

**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    Wire Transfer    Credit Card

Tax Map/GPIN/Census Tract: \_\_\_\_\_