



Virginia Department of Health  
Office of Environmental Health Services  
109 Governor St  
Richmond, Virginia 23219

## APPLICATION FOR A HOTEL OPERATION PERMIT

\$40.00 ANNUAL FEE

Please place a check mark 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: <input type="checkbox"/> Public sewer <input type="checkbox"/> Onsite disposal system <input type="checkbox"/> Discharge system
Will there be food service? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Food Service may require a separate Food Establishment Permit</b>

Ver. 7/2018

Are there swimming facilities? <input type="checkbox"/> Sauna <input type="checkbox"/> Swimming pool <input type="checkbox"/> Hot tub (Check all that apply) <p style="text-align: center;"><b>Swimming/Sauna/Hot tub facilities require a separate construction permit</b></p>
Attached certificate of occupancy <input type="checkbox"/> Yes <input type="checkbox"/> No issued by Building Official? <p style="text-align: center;"><b>A certificate of occupancy is required for new hotels, and after construction or renovation.</b></p>

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: \_\_\_\_\_

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**VDH USE ONLY**

Fee Amount Received: \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_  
 Cash     Check     Wire Transfer     Credit Card

Received by: \_\_\_\_\_

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

Ver. 7/2018

Edited on 4/20/2026