

Commonwealth of Virginia



Application for a Department of Health Permit

Application for a: New Establishment Renewal Name Change Change of Owner

Type: Hotel/Motel Bed & Breakfast Summer Camp

Name of Establishment: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Mailing/Billing address: _____ **Physical location:** _____

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

Association, Corporation, Partnership name: _____

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

Local registered agent (if required):

Name _____

Title _____

Address _____

Telephone _____

Person directly responsible for the establishment:

Name _____

Title _____

Address _____

Telephone _____

Number of Rooms (Hotels/Motels/B&B's): _____

Number of Campsites (Summer Camps): _____

Total Occupancy: _____

Water Supply: (check appropriate box) Public – Name _____ Private – Type _____

Sewage: (check appropriate box) Public – Name _____ Private – Type _____

I/we understand that after issuance of the Health Department permit requested, the Commissioner of Health or his/her authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required.

Signature: _____

Title: _____

Print Name: _____

Date: _____

For Official Use

Approved for Permit _____

Environmental Health Spec. _____