



ARLINGTON
VIRGINIA

2010

HOTEL PERMIT APPLICATION

Public Health Division
Dept of Human Services
800 S. Walter Reed Dr.
Arlington, Virginia 22204
Phone (703) 228-7400
Fax (703) 228-7401

Please print clearly or type the information requested below. Submit a completed application including processing fee to the address listed. The hotel's name and the owner's name must be the same as that recorded on the Arlington County business license. You must also notify Public Health of a change of ownership.

Check one

- New Hotel
 Permit Renewal
 Name Change
 Change-of-owner

Hotel Name		Phone (703)
Address		Fax ()
City	Arlington	State Virginia
Corporate Name		Zip Code
Mailing Address (if different)		Phone ()
City		Fax ()
State		Zip Code
Ownership Information (Check one) List principals of business below. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify)		
Owner's Name		Title
Address		Phone ()
City		Fax ()
State		Zip Code
Owner's Name		Title
Address		Phone ()
City		Fax ()
State		Zip Code
Owner's Name		Title
Address		Phone ()
City		Fax ()
State		Zip Code

Number of rooms: _____ Is there a restaurant in the hotel? Y or N
 Is there a swimming pool or hot tub at the hotel? Y or N

By signing this statement you attest to the accuracy of the information provided in the application.

Principal's Signature & Title

Date

Official Use Only	Receipt#: _____
Posted: _____	Healthspace Entered by/Date: _____