

## Hotel Permit Application

**2023**

### Instructions

Application: submit to Environmental Health Program via email, mail, fax, or in-person. **We are unable to process incomplete applications.**

\$40 payment: submit check or money order to Environmental Health Program by mail or in-person. Make payable to *Treasurer, Arlington County* and include Hotel name in "for/memo" section. You may pay by credit card over the phone.

### Hotel Information

New Hotel    OR     Change of Owner

Hotel Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: Arlington State: VA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Pool on-site?  Yes  No

### Corporate Owner Information (If Applicable)

Corporate Owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address

### Hotel Owner Information

Owner Name and Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address

Co-Owner Name and Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address

**Billing Information**  
(If different from above)

Name and Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Certification**

By signing below, I attest to the accuracy of the information provided. I agree that I will comply with the Code of Virginia Sanitary Regulations for Hotels, 12 VAC 5-431.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).*

**OFFICE USE ONLY**

Receipt #: \_\_\_\_\_ Admin Name: \_\_\_\_\_  
Posted: \_\_\_\_\_