ARLINGTON VIRGINIA

DEPARTMENT OF HUMAN SERVICES
Public Health Division/Environmental Health Program
2110 Washington Boulevard, Suite 350, Arlington, VA 22204
Phone: 703-228-7444, option 4 | Fax: 703-228-7401
Email: ehealth@arlingtonva.us | www.arlingtonva.us

Year

Hotel Permit Application

Instructions

Application: Submit to Environmental Health via email, mail, fax, or in-person. **We cannot process incomplete applications.**

$40 payment: Check/money order (mail or in-person at Environmental Health), credit card (phone or in-person), or cash (in-person). Make checks payable to *Treasurer, Arlington County* and include establishment name in memo.

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: _____