



# Loudoun County Health Department

1 Harrison Street, S.E., Leesburg VA 20177, 2<sup>nd</sup> floor  
 Mailing address: P.O. Box 7000, MSC #68, Leesburg VA 20177

## Tourist Lodging Permit Application Hotel, Motel, B&B

Check one:	New Facility	Change of Owner	Existing Facility – annual fee \$40
Check one:	Hotel / Motel	Bed & Breakfast	Other

Facility Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Facility Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\*Legal Owner \_\_\_\_\_ (i.e. LLC, Inc.) Phone \_\_\_\_\_  
 Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

<b>Accommodations</b>	Total number of guest rooms	Total number of guests
<b>Operating Season</b>	Seasonally from _____ to _____	Year Round
<b>Water Supply</b>	Public water works	Private Well
<b>Sewage Disposal</b>	Public Sewer	Private Onsite Disposal System
<b>Food Service</b>	<p>Hotel / Motel has NO Food Service</p> <p>Hotel / Motel has a current VDH Food Establishment permit</p> <p>B&amp;B Food Service has a current VDH Food Establishment permit</p>	<p>B&amp;B food service - EXEMPT</p> <p>18 or fewer B&amp;B guest          Food Served to B&amp;B guests only          One room, and food &gt;=30 days, or          Two or more rooms, food &gt;= 5 days          Owner or Owner Agent Occupied          Guests notified kitchen is not regulated as a restaurant          Menu attached</p>
<b>Pools / Spa</b>	Current LCHD Swimming Pool Permit	Pool    Spa    Other    No Pool
<b>Business License</b>	Copy attached	

I/we attest to the accuracy of the information provided, affirm to comply with Sanitary Regulations for Hotels (12VAC5-431 and allow the regulatory authority to enter any property to ensure compliance with these regulations. I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia,

Owner  
 Signature \_\_\_\_\_

Date \_\_\_\_\_

Print  
 Name \_\_\_\_\_

