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ALEXANDRIA HEALTH DEPARTMENT

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APPLICATION FOR A HOTEL OPERATION PERMIT

\$40.00 ANNUAL FEE

Please place a ☒ next to the address where you would like VDH to mail correspondence

<input type="checkbox"/> Hotel Name:	
Hotel Address:	City/State/Zip:
Hotel Phone:	Email:

<input type="checkbox"/> Owner Name:	
Owner Address:	City/State/Zip:
Owner Phone:	Email:

<input type="checkbox"/> Lessee Name:	
Lessee Address:	City/State/Zip:
Lessee Phone:	Email:

FACILITY INFORMATION

Total # guest rooms: _____			
Facility type:	___Hotel	___Motel	___Bed & Breakfast
Application for:	___Change of ownership	___New facility	
Operation season:	___Seasonal	___Year-round	
Water supply:	___Waterworks	___Private well	
Permit #: _____			
Sewage disposal:	___Public sewer	___Onsite disposal system	___Discharge system
Will there be food service?	___Yes	___No	
Food Service may require a separate Food Establishment Permit			

Are there swimming facilities? ___Sauna ___Swimming pool ___Hot tub
(Check all that apply)

Swimming/Sauna/Hot tub facilities require a separate construction permit

Attached certificate of occupancy ___Yes ___No
issued by Building Official?

A certificate of occupancy is required for new hotels, and after construction or renovation.

You must remit to VDH a \$40 fee **annually**. Should you not remit this fee VDH may seek collection as authorized by Code of Virginia § 2.2-4800 et seq.

A separate plan review is required for all hotels prior to any construction, renovation, or conversion.

I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia.

Owner/Lessee Signature _____ Date: _____

Printed Name _____

VDH USE ONLY

Fee Amount Received: _____ Receipt # _____ Date: _____

Received by: _____ ☐ Cash ☐ Check ☐ Wire Transfer ☐ Credit Card

Tax Map/GPIN/Census Tract: _____