County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

TOURIST ESTABLISHMENT PERMIT APPLICATION

Please print or type the information requested below and return the completed application, permit fee of $100 to the address listed above in order to facilitate issuance of a permit as required by Title 35 of the Code of Virginia. The name of the owner must be listed as it appears on your business license. If the establishment is owned by a corporation, please provide the company's Virginia registered Agent and address under remarks. If the establishment is owned by a partnership, provide the names of the general partners. Plans and specifications for remodeling or alteration must be submitted to the Health Department in duplicate for review and approval before any work can be done. A fee of $275 is required for plan review.

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(To Be Completed By Applicant) **NEW_____** **NAME CHANGE_____** **CHANGE OF OWNERSHIP_____**

ESTABLISHMENT NAME _____

ESTABLISHMENT ADDRESS _____

CITY_____ **STATE** _____ **ZIP** _____ **PHONE** (_____)_____ - _____

MAILING NAME_____

MAILING ADDRESS_____

CITY_____ **STATE** _____ **ZIP**_____ **PHONE** (_____)_____ - _____

OWNER'S NAME_____

OWNER'S ADDRESS_____

CITY_____ **STATE** _____ **ZIP**_____ **PHONE** (_____)_____ - _____

MANAGER'S NAME_____ **PHONE (_____)_____ - _____**

WATER SUPPLY: PUBLIC___ PRIVATE_____ **SEWAGE SYSTEM**: PUBLIC_____ PRIVATE _____

NUMBER OF ROOMS:_____ **NUMBER OF FLOORS:**_____

ROOM RENTAL LENGTH: DAY_____ WEEK_____ MONTH _____

FOOD SERVICE ON PREMISES: YES_____ NO_____

TYPE: BREAKFAST BUFFET_____ SNACK BAR/FULL SERVICE_____

SWIMMING POOL/HOT TUB/SPA: YES___NO___ **LAUNDRY DONE ON PREMISES**: YES___ NO___

DRINKING UTENSILS: GLASS_____ SINGLE SERVICE_____

If glass, method of sanitizing:_____

ICE DISPENSING MACHINES (Note number of each): AUTOMATIC_____ BIN_____

Remarks_____

SIGNATURE_____ **DATE:**_____/_____/_____

(Office Use Only) PERMIT#_____

RESTRICTIONS_____

I HAVE CHECKED AND VERIFIED THE INFORMATION LISTED ABOVE AND RECOMMEND THAT A PERMIT BE ISSUED, SUBJECT TO ANY RESTRICTIONS LISTED ABOVE.

DATE PERMIT ISSUED_____/_____/_____ DATE PERMIT EXPIRES_____/_____/_____

EHS SIGNATURE_____ DATE:_____/_____/_____

Fairfax County Health Department
Division of Environmental Health
Community Health and Safety Section
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