



County of Fairfax, Virginia

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

Hotel, Motel, Bed & Breakfast Permit Application

Please print the information requested below and return the completed application with a copy of your business license, and permit fee of **\$40** to the address listed below. The establishment's name and owner's name must be the same as recorded on the County Business License. If you have any questions regarding the permit process, please call 703-246-2300. Please note that Change-of-Ownership must take place within 60 days of the application otherwise the application will become null and void.

Application with plan review fee of **\$40** must be submitted to the Health Department for review and approval before any work may be done in the facility. For information on plan review, please call at 703-246-2510.

Payment Options: Cash, check or credit card. Checks are payable to the County of Fairfax. **Fees are non-refundable.**

Application applied for: New Establishment Renewal Name Change Change-of-Ownership

Type of Application: Hotel or Motel Bed & Breakfast Inn

Establishment Information

Establishment Name: _____

Address: _____

Telephone #: _____ Fax #: _____

Mailing Address (if different from location address): _____

Billing Address (if different from location address): _____

If change of ownership or name, previous facility name: _____

Establishment Contact Information

Manager's Name _____ Phone (____) _____ - _____

Telephone #: _____ Fax #: _____ Cell #: _____

E-mail address: _____

Establishment Owner Information

Legal Owner type: Association Corporation Individual Partnership Other Legal Entity

Association, Corporation, Partnership Name: _____

Legal Owner Name: _____ Legal Owner Phone #: _____

Legal Owner Mailing Address: _____

Registered Agent* (Corporation*): _____ Title: _____

Registered Agent Address: _____

***The Registered Agent acts as the Agent for the Corporation to receive service of process and must have an established registered office on file with the State Corporation Commission (In state-toll free 1-866-722-2551) or (1-804-371-9733), located within the State where mailings can be received. A Registered Agent must be a resident of Virginia and must be at least one of the following: a) an officer of the corporation; b) a member of the board of directors; c) a member of the Virginia State Bar; d) a legal corporation licensed to practice law in the State of Virginia.**

Fairfax County Health Department

Division of Environmental Health
10777 Main Street, Suite 111, Fairfax, VA 22030
Phone: 703-246-2444 TTY: 711 Fax: 703-653-9448
www.fairfaxcounty.gov/hd



Days of Operation: Sun Mon Tues Wed Thur Fri Sat ALL

Months of Operation: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec ALL

Room Rental Length: Day Week Month

Number of Rooms: _____ **Number of Floors:** _____

Food Service on Premises: Yes No **Full Service Restaurant:** Yes No

Food Service Limited to Breakfast: Yes No **Breakfast only for B&B guests:** Yes No

Water Supply: Public Private **Swimming Pool/Hot Tub/Spa:** Yes No

Ice Provided on Premises: Yes No **Ice made on site** **or Supplier** _____

Number of ice dispensing machines: None **Bin** _____ **Automatic** _____

Sewage System: Public Private **Laundry on Premises:** Yes No

§ 35.1-18. License required; name in which issued; not assignable or transferable.

No person shall own, establish, conduct, maintain, manage, or operate any hotel, restaurant, summer camp, or campground in this Commonwealth unless the hotel, restaurant, summer camp, or campground is licensed as provided in this chapter. The license shall be in the name of the owner or lessee. No license issued hereunder shall be assignable or transferable. *The Board shall not issue a license to the owner or lessee of any hotel, summer camp or campground in this Commonwealth that maintains, or conducts as any part of its activities, a nudist camp for juveniles. A "nudist camp for juveniles" is defined to be a hotel, summer camp or campground that is attended by openly nude juveniles whose parent, grandparent, or legal guardian is not also registered for and present with the juvenile at the same camp.* (§ 35.1-18, Code of Virginia, Effective Date 1 July 2004)

I/We acknowledge reading Section 35.1-18 of the *Code of Virginia* and by my/our signature below, herby certify that a “nudist camp for juveniles,” as defined above, **will not** be maintained or conducted as any part of the activities of this facility for which I am applying for a permit to operate. If a “nudist camp for juveniles” is maintained or conducted at this facility, the Virginia Department of Health may revoke the permit to operate the facility.

I/We attest to the accuracy of the information provided in this application, affirm to comply with the Regulations and will allow the regulatory authority access to the facility during any reasonable time to inspect, conduct tests or collect samples as required. Failure to sign will result in the Virginia Department of Health denying a permit to operate this facility.

Applicant’s Signature: _____ **Date:** _____

Applicant’s Name (printed): _____ **Phone:** _____

Mailing Address: _____

OFFICE USE ONLY

License #: _____ **FIDO-Entered by/date:** _____

Transaction# _____