



Georgia Department of Public Health
Environmental Health Section
APPLICATION FOR TOURIST ACCOMMODATION
(Hotel/Motel, Campground/RV Park, Bed and Breakfast Inn)

Complete in duplicate and forward the original to the **County Health Department** in which the facility is located.

1. Name of Facility: _____

2. Type of Construction: (Check Appropriate Block(s): New ☐ Remodel ☐ Change of Ownership ☐
Set of Plans/Blueprints provided ☐

3. Type of Facility: (Check Appropriate Block(s): Hotel ☐ Motel ☐ Bed and Breakfast Inn ☐
Cabins ☐ (# of unit _____) RV Park ☐ (# spaces _____) Campground ☐ (# spaces _____)

4. Description of Utilities/Amenities: Check Appropriate Block(s)
(Please obtain required approvals from appropriate authorities)

- Water Supply: Public Water Utility ☐ EPD Permitted Well ☐ MOU Well ☐
- Sewage Disposal: Public Sewage Utility ☐ On-site Sewage Management System ☐
- Food Operation: Continental Breakfast ☐ Foodservice Establishment ☐
Bed and Breakfast Meal ☐
- Type of Pool: Swimming Pool ☐ Spa ☐ Special Purpose ☐ _____

5. Local Authority Approval/Plan Review Coordination: (if applicable)
Zoning ☐ Building Inspection ☐ Fire ☐ Other ☐ _____

6. Facility/Ownership Information:

Address of Facility: _____ Ga.
Street, Highway, or RFD City County Zip Code

Facility Phone Number: _____ email address: _____

Facility Owner's Name: _____ Phone #: _____

Facility Owner's Address: _____
Street, Highway, or RFD City County Zip Code State

Authorized Agent * Name _____ Phone #: _____

Authorized Agent* Address: _____
Street, Highway, or RFD City County Zip Code State

7. Construction Date: _____ 8. Date Operation to Begin: _____

The undersigned hereby applies for a permit to operate a Tourist Accommodation pursuant to the O.C.G.A. 31-28-1, et seq. and hereby certifies that he has received a copy of the Rules for Tourist Accommodations, Chapter 511-6-2, Georgia Department of Public Health.

☐ The undersigned filed a notarized affidavit and a copy of identifying documentation to verify residency status.

Signed _____ (State whether Owner or Authorized Agent for the Owner) Date _____

*(“Authorized Agent” means the person to whom the Business Owner has delegated authority for the overall management of the Tourist Accommodation.)