



**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, 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.)