



# APPLICATION FOR TOURIST ACCOMMODATION PERMIT

Date \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ DHD # \_\_\_\_\_

Receipt # \_\_\_\_\_ Invoice # \_\_\_\_\_ Check # \_\_\_\_\_  Cash  MC  Visa

Check Appropriate Box:  New Application  Change of Ownership  Change of Facility Name

Name of Tourist Accommodation: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Street # and Name City Zip Code

Facility Phone #: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Billing Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Include suite # Street # and Name Suite # City State Zip Code

Owner's Name: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
Include suite # Street # and Name Suite # City State Zip Code

Local Contact: \_\_\_\_\_ Contact Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Business Owner's Name to Appear on Permit:**

\_\_\_\_\_

The undersigned hereby applies for a permit to operate a Tourist Accommodation pursuant to the Georgia Health Code, Title 31-28-1, Georgia Laws 1964, p. 499 et seq. You may obtain a copy of the Rules for Tourist Accommodation by contacting our office or by accessing our website: [www.cobbanddouglaspublichealth.com](http://www.cobbanddouglaspublichealth.com). You are responsible for compliance with all of the provisions of same.

\_\_\_\_\_  
Signature Date

Mark one:  Business Owner  Local Contact  Contractor

**Please indicate below the address to which all non-billing correspondence should be mailed:**

Billing Address  Billing Address  Owner's Address