COBB & DOUGLAS PUBLIC HEALTH

APPLICATION FOR TOURIST ACCOMMODATION PERMIT

OFFICE USE ONLY

Date _____ **Amount Paid $** _____ **DHD#** _____

Invoice # _____ **Check #** _____ ☐ Cash ☐ MC ☐ Visa ☐ Discover ☐ Amex

☐ New Application **(requires Verification of Residency form)** ☐ Change of Ownership **(requires Verification of Residency form)**

☐ Change of Facility Name ☐ Change of Management Company

Facility Type: ☐ Hotel / Motel ☐ Bed & Breakfast ☐ Campground / RV Park Other: _____

Food Service: ☐ Yes ☐ No Swimming Pool: ☐ Yes ☐ No

ESTABLISHMENT INFORMATION

Facility Name: _____

Facility Address: _____
Street # and Name **City** **Zip Code**

Facility Phone: _____ Number of Rooms / Spaces: _____

Local Contact Name: _____ Local Contact Phone: _____

Local Contact Email: _____

BUSINESS OWNER INFORMATION

Company Name: (Corporation or LLC if applicable) _____

Owner's Name: _____ Owner's Phone #: _____

Owner's Address: _____
Include suite / unit # **Street # and Name** **Suite / Unit #** **City / State** **Zip Code**

Owner's Email: _____

Business Owner's Name to Appear on Permit:

_____

BILLING INFORMATION

Billing Company Name: _____

Billing Contact Name: _____ Billing Phone #: _____

Billing Address: _____
Street # and Name **Suite / Unit #** **City / State** **Zip Code**

Billing Email: _____

The undersigned hereby applies for a permit to operate a Tourist Accommodation pursuant to O.C.G.A. 31-28-2, et seq. A copy of the Rules and Regulations for Tourist Accommodations, Chapter 511-6-2 may be obtained by contacting our office or by visiting our website at www.cobbanddouglaspublichealth.com. The permit holder is responsible for compliance with all provisions of these rules.

_____ _____
Signature **Date**

Select Appropriate Box: ☐ Business Owner ☐ Authorized Agent ☐ Contractor

Please indicate address where operational permit should be mailed:

☐ Facility Address ☐ Owner's Address ☐ Billing Address