

Hotel Permit Application

2025

Instructions

Application: submit to Environmental Health Program via email, mail, fax, or in-person. **We are unable to process incomplete applications.**

\$40 payment: submit check or money order to Environmental Health Program by mail or in-person. Make payable to *Treasurer, Arlington County* and include Hotel name in "for/memo" section. You may pay by credit card over the phone.

Hotel Information

New Hotel OR Change of Owner

Hotel Name: _____

Street Address: _____ City: Arlington State: VA Zip: _____

Phone: _____ Fax: _____

Email: _____

Number of Rooms: _____ Pool on-site? Yes No

Corporate Owner Information (If Applicable)

Corporate Owner Name: _____

Street Address: _____ City: _____ State: __ Zip: _____

Phone: _____ Fax: _____

Email: _____

Billing Address

Hotel Owner Information

Owner Name and Title: _____

Street Address: _____ City: _____ State: __ Zip: _____

Phone: _____ Fax: _____

Email: _____

Billing Address

Co-Owner Name and Title: _____

Street Address: _____ City: _____ State: __ Zip: _____

Phone: _____ Fax: _____

Email: _____

Billing Address

Billing Information
(If different from above)

Name and Title: _____
Street Address: _____ City: _____ State: __ Zip: _____
Phone: _____ Fax: _____
Email: _____

Certification

By signing below, I attest to the accuracy of the information provided. I agree that I will comply with the Code of Virginia Sanitary Regulations for Hotels, 12 VAC 5-431.

Printed Name: _____ Title: _____
Signature: _____ Date: _____

Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).

OFFICE USE ONLY

Receipt #: _____ Admin Name: _____
Posted: _____