

## Hotel Information Update

**2025**

### Instructions

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

**\$40 payment (3 options):** 1). Check or money order - Submit by mail or in-person. Make payable to Treasurer, Arlington County and include Hotel name in "for/memo" section. 2). Credit card - Pay in-person or over the phone. 3). Cash - Pay in-person.

### Hotel Information (Required)

Hotel Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: Arlington State: VA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Pool on-site? ☐ Yes ☐ No Food establishment on-site? ☐ Yes ☐ No

### Owner Information (Required)

Owner Name and Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

☐ Billing Address

### Billing Information (Required if different from above)

Name and Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Certification (Required)

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: \_\_\_\_\_