



APPLICATION FOR PERMIT TO OPERATE
TOURIST ACCOMMODATION

Fulton County Board of Health
Environmental Health Services Division

ESTABLISHMENT INFORMATION
Name:
Address: # Street Room/Suite City State Zip Code
Telephone #: Email: Fax #:
Establishment Type: [] Bed & Breakfast [] Extended Stay [] Hotel/Motel

OWNER INFORMATION
Name:
Address: # Street Room/Suite City State Zip Code
Telephone #: Email: Fax #:

PERMIT HOLDER INFORMATION
Name:
Address: # Street Room/Suite City State Zip Code
Work #: Cell #:
Email: Fax #:

BILLING INFORMATION
Name:
Address: # Street Room/Suite City State Zip Code
Telephone #: Email: Fax#:

I, Permit Holder Name (Print), certify that all information given in this application is true and correct to the best of my knowledge. I further understand and agree to comply with the Georgia Department of Public Health Rules and Regulations, Chapter 511-6-2, "Tourist Accommodations" as the holder of a permit to operate a tourist accommodation in Fulton County.

Permit Holder Signature Title Date

EHS Use Only

Permit #:
Date of Remittance: / / Fee Amount: Check/M.O. #: Receipt #:
Permit Issue Date: / / Service Code: License Expiration Date: / /
District Assignment: Territory Assignment:

EHS Staff Date of Issuance