



APPLICATION FOR PERMIT TO OPERATE A TOURIST ACCOMMODATION

Fulton County Board of Health Environmental Health Services

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

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 Fulton County Code of Ordinances and Code of Resolutions, Chapter 34, Health and Sanitation, Article XIII, "Tourist Court" as the holder of a permit to operate a tourist accommodation in Fulton County. The permit holder is defined as the entity who possesses a valid permit to operate a tourist accommodation and is legally responsible for the operation of the tourist accommodation such as the owner, agent or other such authorized or designated person. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended, revoked. Furthermore, a license issued by this Department concurrently with the permit, expires annually on the anniversary date of the permit issuance. Preferred Contact Method: [] Telephone [] Email [] Fax

Permit Holder Signature Title Date

EHS Use Only

Construction Permit #: 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

