

Georgia Department of Community Health, Division of Public Health
APPLICATION FOR TOURIST ACCOMMODATION PERMIT

Name of Tourist Accommodation Number of Units

Location of Tourist Accommodation (Street – Highway or RFD) (City) (County) (State) (Zip Code)

Business Owner’s Name Phone Number

Business Owner’s Address (Street – Highway or RFD) (City) (County) (State) (Zip Code)

Authorized Agent* Phone Number

Authorized Agent’s Address (Street – Highway or RFD) (City) (County) (State) (Zip Code)

The undersigned hereby applies for a permit to operate a Tourist Accommodation pursuant to the Georgia Health Code, Title 31-28-1, Georgia Laws 1964, p. 499 et seq., and hereby certifies that he received a copy of the Rules and Regulations of the Georgia Department of Community Health for Tourist Accommodations, Chapter 290-5-18.

Signed State whether Business Owner or Authorized Agent Date

Note: “Authorized Agent” is the person to whom the Business Owner has delegated authority for the overall management of the Tourism Accommodation.

Retain copy for your files.
