



Newton Environmental Health Services
 1113 Usher Street – Suite 303
 Covington, GA 30014
 Phone: 770.784.2121
 Fax: 770.784.2129
www.gnrhealth.com

TOURIST ACCOMMODATION PERMIT APPLICATION

**Complete in duplicate and forward the original to the County Environmental Health Section.
 Print or type except where asked to sign.**

Name of Tourist Accommodation	Number of Units
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Location of Tourist Accommodation (Street-Highway or RFD)	City	Zip Code
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Business Owner's Name	Phone Number
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Business Owner's Address (Street-Highway or RFD)	City	County	State	Zip Code
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Authorized Agent*	Phone Number
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Authorized Agent's Address (Street-Highway or REF)	City	County	State	Zip Code
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E-Mail Address _____

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 esq., and hereby certifies that he/she has received a copy of the Rules and Regulations for Tourist Accommodations, Chapter 511-2-2, Georgia Department of Public Health. The undersigned hereby acknowledges that tourist accommodation permits are not transferable and are no longer valid if the tourist accommodation changes name, ownership, or location or ceases to operate. The undersigned hereby agrees to return any such invalidated tourist accommodation permit to the County Environmental Health Section within seven days of the permit's becoming invalid.

Signed	State whether Business Owner or Authorized Agent	Date
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*("Authorized Agent" means the person to whom the Business Owner has delegated for the overall management of the Tourist Accommodation.)