Georgia Department of Human Resources

APPLICATION FOR TOURIST ACCOMMODATION PERMIT

Complete in duplicate and forward the original to the **County Health Department** in which facility is located

Name of Tourist Accommodation:

Location of Establishment:

Street: City: County: State: Zip Code:

Business Owner's Name:

Business Owner's Address: Telephone: ( ) -

Street: City: County: State: Zip Code:

Authorized Agent *

Authorized Agent's Address: Telephone: ( ) -

Street: 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 et seq., and hereby certifies that he has received a copy of the Rules and regulations of the Georgia Department of Human Resources for Tourist accommodations, Chapter 290-5-18.

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 authority for the overall management of the Tourist Accommodation.)*