



Rose Mary Rahn
Director

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.

Milton Teske, M.D.
Health Officer



HOTEL/MOTEL INFORMATION FORM

Name of Facility/Site

Site Location: Street/City/Zip

Mailing Address, City, Zip Code

Facility Phone

Contact Phone

Agency/Owner's Name

Contact Person E-mail

Permit Applicant/Contact Person

Applicant's Signature

Date

HOTEL/MOTEL CATEGORY

ANNUAL INSPECTION FEE

<input type="checkbox"/>	6 - 30 Units.....	\$136.73
<input type="checkbox"/>	31 - 50 Units.....	\$150.29
<input type="checkbox"/>	51 - 100 Units.....	\$230.52
<input type="checkbox"/>	101 - 200 Units.....	\$309.62
<input type="checkbox"/>	201 - 500 Units.....	\$585.34
<input type="checkbox"/>	Over 500 Units.....	\$699.47

OFFICE USE ONLY

FACILITY # _____ REC'D BY # _____ DATE REC'D ____ / ____ / ____

CIRCLE ONE OF THE FOLLOWING: RENEWAL NEW CHANGE-OF-OWNERSHIP

AMT REC'D _____ PAYMENT TYPE : (1) CASH _____ (2) CHECK _____ (3) CREDIT CARD _____

DATE OF CHECK ____ / ____ / ____ CHECK# _____

APPROVED BY: _____ DATE APPROVED: ____ / ____ / ____

DATE UPDATED IN E.C: ____ / ____ / ____ INITIALS: _____

H:\AWEHS\FORMS\APPLICATIONS\Hotel-Motel Application 10/23/2019