



Wichita Falls-Wichita County Public Health District
1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafalstx.gov

Site No. _____
Receipt No. _____
Date Rcvd. _____
For Office Use Only

Application for Lodging Establishments

Name of organization/company: _____

Phone (____) _____ Fax (____) _____

Physical address: _____ City _____ State _____ Zip _____

Site Manager's Name: _____

Site E-Mail Address: _____

(Check appropriate box for each line)

Establishment Ownership: Individual Partnership Corporation

New Establishment Plan Review Submitted?

Existing Establishment Inspected Before Transfer?

Do you want inspections e-mailed to owner/home office?

Owner's Name: _____ Phone:(____) _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

E-Mail Address: _____

Emergency Contact Person: _____ Phone:(____) _____

Number of Rooms: _____

FEE STRUCTURE

1-10 Rooms	\$100.00
11-25 Rooms	\$125.00
26-50 Rooms	\$150.00
51-75 Rooms	\$200.00
76-100 Rooms	\$225.00
101-150 Rooms	\$250.00
151-200 Rooms	\$300.00
201+ Rooms	\$350.00

Application Made By: _____ / _____
Signature Print