Lodging Establishment Application

Environmental Health Division

Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Site No._____

Date Received_____

For Office Use Only

Incomplete Applications will not be approved

Name of Establishment: _____Establishment Phone: (____)_____

Establishment Address:_____City/State/Zip:_____

Name and E-Mail (inspections sent to): _____

Name and E-Mail (inspections sent to): _____

Name and E-Mail (inspections sent to): _____

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

Owner's Address:_____City/State/Zip:_____

Billing Name:_____ Billing Phone: (____)_____

Billing Address: _____City/State/Zip:_____

Emergency Contact Person:_____ Phone: (_____)_____

Please check the appropriate box/boxes that best describes your establishment:

ESTABLISHMENT INFORMATION	
Building: ☐ Existing Lodging Establishment ☐ Remodel of Existing Lodging Establishment (must submit plans) ☐ Change of Concept (not previously a Lodging Establishment; must submit plans) ☐ New Building (must submit plans)	
Number of Guest Rooms:_____	Guest Laundry Provided (yes or no):_____

ADDITIONAL PERMITS
☐ Food Permit (Attach Additional Application)
☐ Grease Trap Permit (Attach Additional Application)
☐ Aquatic Facility Permit (Attach Additional Application)

FEES	
☐ $100 Guest Rooms = 7 to 10	☐ $225 Guest Rooms = 76 to 100
☐ $125 Guest Rooms = 11 to 25	☐ $250 Guest Rooms = 101 to 150
☐ $150 Guest Rooms = 26 to 50	☐ $300 Guest Rooms = 151 to 200
☐ $200 Guest Rooms = 51 to 75	☐ $350 Guest Rooms = 201+

TOTAL PERMIT FEES DUE
$

I (we) apply for a permit to operate a lodging establishment and by this application do agree to comply with the rules and regulations set forth by the Wichita Falls-Wichita County Public Health District. I (we) understand that any falsifications or omissions as to the material fact or any violation of any law by designees or myself will constitute grounds for revocation or suspension of this permit by the Health District.

Applicant Print Name	Applicant Signature	Date