



**PERMIT APPLICATION  
TO OPERATE  
HOTEL-MOTEL**

Date: \_\_\_\_\_

Business Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Number of Rooms Available for Rent: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Names and addresses of all persons listed as Owners, Trustees and officers of the corporations and all persons in actual charge of the operations of the business. (Additional Sheets may be attached).

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

List the name(s) and address (es) of any other Hotel or Motel owned, operated or managed by the applicant, permitted, or any officer or trustee listed above.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

***Certification***

I hereby certify the information contained herein is true and accurate to the best of my knowledge:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

***This application must be returned to:***

Codes Compliance  
2400 Washington Ave Newport  
News, Virginia 23607 Phone:  
757-926-8498  
Fax: 757-926-8311  
Email: codesclerical@nnva.gov

**Cost: \$100.00 per establishment**

All information can be obtained online at:

**[www.nnva.gov/codes-compliance](http://www.nnva.gov/codes-compliance)**