

Rockingham County Department of Health and Human Services

Environmental Health Section 371 NC HWY 65 ~ P.O. Box 204 Wentworth, NC 27375 – 0204 Phone (336) 342-8130 Fax (336) 342-8245

Application for a Lodging Establishment Permit

Name of Establishment:			
Name of Applicant:	Phone:		
Mailing Address:			
City:	State:	Zip Code	·
Manager/Person in Charge:			
Mailing Address for Establishmen	::		
City:	State:	Zip Code	·
Email Address:	Phone:		
Location of Establishment:			
(If different from above)			
Establishment is owned by:	Association	Corporation Inc	lividual
_	Partnership _	Other Legal Entity	
Attach names, titles and addresses of persons if one is required based on the type of legal o		wnership including the owners ar	nd officers, and the local resident agent
Meals Provided to Guests?	Yes	No	
If yes, which meals will be offered	?Breakfa	stLunchDinr	nerSnacks/Beverages
	ttach a list of the foods	/items that are provided to gues	ts
Will any food be prepared by:			
CookingCoo			Cold holding
FreezingThav	vingPar cod	oking	
Wastewater System: Munic	cipal/Community _	On-Site System	
Water Supply:Municipal/Co	ommunityC	n-Site System	
Will there be a Swimming Pool or	Spa available to g	uests?Yes	No
,		OVERNING PUBLIC SWIMMING PO	DOLS 15A NCAC 18A .2500
Will there be an ice machine avail	-	use?Yes	No
PROJECTED OPENING DATE:			
APPLICATION SUBMISSION REQU	IREMENTS: (1)	Scaled drawing of Lodging Unit, (2) Pay the \$250 Plan Review Fee
I attest to the accuracy of the info	rmation provided	in this application.	
Signature:		Date:	