



Lodging Establishment Application

Environmental Health Division

Wichita Falls-Wichita County Public Health District

Site No. _____
Date Received _____
For Office Use Only

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

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: <input type="checkbox"/> Existing Lodging Establishment <input type="checkbox"/> Remodel of Existing Lodging Establishment (must submit plans) <input type="checkbox"/> Change of Concept (not previously a Lodging Establishment; must submit plans) <input type="checkbox"/> New Building (must submit plans)	
Number of Guest Rooms: _____	Guest Laundry Provided (yes or no): _____

ADDITIONAL PERMITS
<input type="checkbox"/> Food Permit (Attach Additional Application)
<input type="checkbox"/> Grease Trap Permit (Attach Additional Application)
<input type="checkbox"/> Aquatic Facility Permit (Attach Additional Application)

FEES	
<input type="checkbox"/> \$103 Guest Rooms = 7 to 10	<input type="checkbox"/> \$232 Guest Rooms = 76 to 100
<input type="checkbox"/> \$129 Guest Rooms = 11 to 25	<input type="checkbox"/> \$258 Guest Rooms = 101 to 150
<input type="checkbox"/> \$155 Guest Rooms = 26 to 50	<input type="checkbox"/> \$309 Guest Rooms = 151 to 200
<input type="checkbox"/> \$206 Guest Rooms = 51 to 75	<input type="checkbox"/> \$361 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
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