



PREVENT. PROMOTE. PROTECT.

Application to operate a Public Accommodation Facility Permit to Operate

- INSTRUCTIONS:**
1. Complete the applicable sections. Make any corrections if necessary below.
 2. Sign and Date the application.
 3. Make a check or money order payable to: **HCPH** for
 4. Return check and signed application to:

Total Due:

Hamilton County Public Health
 Environmental Health Department
 250 William Howard Taft Road, 2nd Fl
 Cincinnati, Ohio 45219

Year:

*** There is a required late fee of 25% of the cost of the permit for operating a Public Accommodation Facility after the deadline.**

Public Accommodation Facility Name:		Name of Permit Holder:	
Facility Address (include city, state, zip):		Phone #:	
Phone #:		Fax #:	
Email Address:			
TOTAL NUMBER OF ROOMS:			

Mailing Address for Annual renewal if different than above:

Name of Parent Company or Owner:	Phone #:
Address (include city, state, zip):	

I hereby certify that I am the permit holder, or authorized representative, of the Public Accommodation Facility indicated above. I agree to comply with the rules and regulations of the Hamilton County Board of Health

Signed: _____

Date: _____

To be completed by Health Department:

Base Fee:	Rooms over 50 Fee:	Late Fee:	Total Amount Due:
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Application approved for permit:

By _____

Date _____

Permit # _____