



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

Facility # _____

Date Received _____

For Office Use Only

Email Applications to WFEnvironmentalHealth@wichitafallstx.gov

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

<input type="checkbox"/> \$108 Guest Rooms = 7 to 10	<input type="checkbox"/> \$243 Guest Rooms = 76 to 100
<input type="checkbox"/> \$135 Guest Rooms = 11 to 25	<input type="checkbox"/> \$269 Guest Rooms = 101 to 150
<input type="checkbox"/> \$162 Guest Rooms = 26 to 50	<input type="checkbox"/> \$323 Guest Rooms = 151 to 200
<input type="checkbox"/> \$215 Guest Rooms = 51 to 75	<input type="checkbox"/> \$377 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