



Division of Environmental Health

Lodging / Bed & Breakfast Transitional Application

COMPLETE ALL PAGES OF THE APPLICATION

B & B Home
(8 or less guests)

B & B Inn
(more than 8 guests)

Hotel

A. Previous Establishment

Previous Name of Lodging _____ Projected Date of Purchase _____

Previous Name of Food Service _____

Food Service

Continental Only

No Food

B. Demographic

Name of Establishment _____ Address _____ City _____ Zip _____

Permittee (Legal Name of Corporation/Entity) _____ Primary Registered Agent _____

Phone Number _____ Address _____ City _____ Zip _____

Primary Contact Person _____ Email Address _____ Phone Number _____

B. Lodging

of Rooms: _____

of Employees: _____

of Restrooms: _____

Check all that apply:

Daily Rentals

Weekly or Longer Rentals

Room #s or Bldgs: _____

Room #s or Bldgs: _____

C. Food Service

Type: Food Service Continental Breakfast No Food or Beverage Service

If Continental, please describe: _____

Which best describe your food service? Hot Breakfast Full Service Banquet

Mark all that apply. Manager's Reception

If Managers Reception, please describe: _____

of meals: _____

What types of utensils will be used in this facility? Plates Glassware Silverware Disposable Only

D. Ice Machine

of Public Ice Machines: _____ Floors of Location: _____

Supplemental Well and Sewage Disposal System Information Form

For assistance with the information below contact Water Quality, 400 W. Market St., Greensboro, NC 27401, (336) 641-7613

Facility Information

Type of Establishment: _____

Sq. Footage — Food Service Area: _____

of Public Restrooms: _____

Estimated # of meals per day: _____

Dishwasher or Single Service

Existing Well & Sewage Disposal System Information:

Date Septic System Installed: _____

Permit #: _____

Date Well Installed: _____

Permit #: _____

Owner at time of Installation: _____

Please list any known Well or Septic Tank specifications and Location information:

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature (Authorized Representative) _____

By typing your name as the signature, you acknowledge that all contained information is accurate

Please remit the application and all supporting information to:

(only complete applications will be accepted)

Guilford County Department of Public Health

Environmental Health Division

1203 Maple Street

Greensboro, NC 27405