



APPLICATION FOR PERMIT TO OPERATE HOTEL

**Remit to: CITY TREASURER'S OFFICE
ATTN: BUSINESS LICENSE DEPT
101 E 11TH STREET ROOM 100
CHATTANOOGA TN 37402
423-643-7260**

PERMIT FEE: \$55.00 - payable to City of Chattanooga

The undersigned hereby makes application for a permit to operate a Hotel or Bed and Breakfast Inn within the City of Chattanooga:

- 1 Name of Hotel/Motel** _____
- 2 Location of Hotel/ Motel** _____
- 3 Number of Rooms in Hotel/Motel** _____
- 4 Contact/Manager** _____
- 5 Contact Phone Number** _____
- 6 Contact e-mail** _____
- 7 Place of Residence** _____

I hereby certify that the facts set out in the foregoing application are true to the best of my knowledge and belief.

Applicant's Signature _____
Date

FIRE MARSHAL INSPECTION

423-643-5604

First inspection - No Charge **Inspection Date** _____

\$50 charge each re-inspection

Number of re-inspectio _____ **Re-inspection Dates(s)** _____

RECOMMENDED:

Inspector's Signature

Permit Number _____

Applicant's Signature

Failure to correct ALL violations prior to Feb 28, 20____ could result in closure of this hotel.

Remit re-inspection fees to: CITY TREASURER'S OFFICE at the address listed above