



**Clayton County Board of Health**  
**Environmental Health**  
1117 Battlecreek Road \* Jonesboro GA 30236  
678-610-7469 Telephone 770-603-4874 Fax  
Alpha Fowler Bryan, MD – District Health Director

**Georgia Department of Human Resources**  
**APPLICATION FOR TOURIST ACCOMMODATION PERMIT**

Complete in duplicate and forward the original to the address listed above.

\_\_\_\_\_  
NAME OF TOURIST ACCOMMODATION NUMBER OF UNITS

\_\_\_\_\_  
LOCATION OF TOURIST ACCOMMODATION

\_\_\_\_\_  
BUSINESS OWNER'S NAME PHONE NUMBER

\_\_\_\_\_  
BUSINESS OWNER'S ADDRESS

\_\_\_\_\_  
AUTHORIZED AGENT PHONE NUMBER

\_\_\_\_\_  
AUTHORIZED AGENT'S ADDRESS

The undersigned hereby applies for a permit to operate a Tourist Accommodation pursuant to the Georgia Health Code, Title 31-28-1, Georgia Laws 1964, p. 499 et seq., and hereby certifies that he has received a copy of the Rules and Regulations of the Georgia Department of Human Resources for Tourist Accommodations, Chapter 290-5-18.

SIGNED	State whether Business Owner or Authorized Agent	DATE

\*(Authorized Agent" means the person to whom the Business Owner has delegated authority for the overall management of the Tourist Accommodation.)