Environmental Health Services

North Fulton
155 Royal Drive, Suite 150
Alpharetta, GA 30022
770-520-7500

Central Fulton
10 Park Place South, SE, 4th Floor
Atlanta, Georgia 30303
4770-520-7500

South Fulton
1920 John Wesley Ave, Suite 212, 2nd floor
College Park, GA 30337
770-520-7500

Tourist Accommodation
Change of Ownership Packet

Name of Tourist Accommodation: _____

Previous Name of Tourist Accommodation: _____

Address: _____
(City) (State) (Zip Code)

Name of Owner: _____

Address: _____
(City) (State) (Zip Code)

Office: _____ **Mobile:** _____

e-mail: _____ **Fax:** _____

Authorized Agent: _____

Address: _____
(City) (State) (Zip Code)

Office: _____ **Mobile:** _____

e-mail: _____ **Fax:** _____

Water Supply: ❒ **Public** ❒ **Private Well** ❒ **Public Well**

Sewage Disposal: ❒ **Public Sewer** ❒ **On-Site Sewage Management System**

Total Number of Units: _____ **Number Suites:** _____
Number King: _____ **Number Queen:** _____ **Number Double:** _____
Number Smoking: _____ **Number Non-Smoking:** _____
Number Extended Stay: _____ **Number ADA Compliant:** _____

Please provide a copy of the plans or a scaled floor plan for the facility.

***** Please answer the applicable questions below and include additional page(s) if necessary in support of your application for a change of ownership for the facility noted above *****

1) Food - A Tourist Accommodation may provide a Continental Breakfast without obtaining any additional permits.

A Continental Breakfast is defined as and may include (1) any non-potentially hazardous food (non-time/temperature control for safety food) which has been prepared commercially by a food processing plant that meets requirements of law and is served to the consumer out of the original container in which it was purchased or if approved by the Health Authority, it may be served out of a commercial, self-service dispenser if such dispensers are properly designed to protect contained food from the consumer; (2) non-potentially hazardous beverages such as coffee and hot tea served in the container in which it was prepared; (3) potentially hazardous foods (time/temperature control for safety foods) such as milk, cream, butter and cheese prepared by a food processing plant that meets requirements of law only if served in single serving commercially packaged original containers; (4) juices and condiments including jams, jellies, sugar, salt and pepper served in single serving commercially packaged original containers or juices may be served from a bulk mechanical dispenser, if appropriate warewashing is available; (5) non-ready-to-eat whole, uncut, raw fruits, such as bananas, grape fruit, or oranges that require peeling of rind by the consumer before consumption; and (6) ready-to-eat, whole, raw, uncut fruits such as apples and/or grapes where the peel is consumed along with the meat of the fruit. Any additional items, other than those listed, will require a food service permit in accordance with the Department's rules and regulations governing food service establishments Chapter 511-5-14 or any future subsequent Chapters adopted thereafter.

If you wish to expand your menu to offer additional choices to your clients, a Food Service Permit is required. A separate plan review exists for Food Service establishments. Please complete the necessary paperwork and submit it in addition to your Tourist Accommodation submittal.

Describe all foods you wish to serve to your clients as well as the preparation process for each item (please attach additional pages if necessary):

_____
_____
_____
_____
_____

Please check all applicable equipment you plan to have in the facility and <u>submit specification sheets for all equipment</u>:

❒ Handwash sink
❒ Coffee Maker
❒ Mechanical Dishwasher
❒ Waffle Iron
❒ Bulk Milk Dispenser
❒ Griddle
❒ Microwave
❒ Bulk Cereal Dispenser
❒ Other: _____

❒ Fruit preparation sink
❒ Hot Holding Unit
❒ Oven
❒ Tabletop Refrigerator/Cooler
❒ Toaster
❒ 3-Compartment Sink
❒ Bulk Juice Dispenser
❒ Sneeze Guard
❒ Other: _____

2) Swimming Pool and/or Spa

Does the facility have a pool or spa?
❒ Yes - complete the remainder of Section 2
❒ No - proceed to Section 3

If the facility contains a swimming pool and/or spa, please complete the enclosed Calculations Worksheet and Equipment Verification forms and answer the following questions:

- Was it built to be a commercial pool/spa? ❒ Yes ❒ No
- What year was the pool/spa built? _____
- Did the previous owner provide a copy of the construction plans for the pool/spa? ❒ Yes ❒ No (if "Yes" provide a copy of the plans)
- Have you determined who will serve as the Certified Operator for the pool/spa? ❒ Yes ❒ No (if "Yes" provide a copy of the Certified Operator's certificate)
- Is the pool/spa surrounded by a barrier which is at least 48 inches high and free of openings which would allow the passage of a 4 inch diameter sphere? ❒ Yes ❒ No (provide a picture and/or design specifications for the fence)
- Do you plan to have the pool/spa open to bathers when you assume ownership? ❒ Yes ❒ No

If you answered "No" to the previous question, describe how you plan to secure the pool from unauthorized entry and your anticipated timeline for reopening (please attach additional pages if necessary):

_____
_____
_____
_____
_____

3) Utensils - Regarding utensils that will be provided in the **guest room**: Please select as many of the following as are applicable:

❒ Commercially pre-wrapped single service paper or plastic cups will be used
❒ Commercially pre-wrapped single service plastic tableware will be used
❒ Multiuse Utensils will be used - If water glasses, mugs, ice buckets, coffee maker carafes, tableware or other multiuse utensils are provided in guestrooms, please describe how you plan to wash, rinse, and sanitize and protect these utensils from re-contamination between guests (please attach additional pages if necessary):

_____
_____
_____
_____

What type of coffee makers will you provide in the guest rooms?
❒ None ❒ Single Cup / K Cup ❒ Traditional Coffee Maker with Carafe
❒ Other: _____

If you provide a traditional coffee maker with carafe, how will you wash, rinse, and sanitize the carafe between guests? (please attach additional pages if necessary):

_____
_____
_____
_____
_____

4) Linens - Please describe your laundering process for all towels, wash clothes, bathmats, spreads, and other linens (please attach additional pages if necessary):

_____
_____
_____
_____
_____

Will a guest laundry area be provided?
❒ Yes ❒ No

If "Yes," where are these located? _____

5) Insect and Rodent Control - Please provide a summary of your integrated pest management plan including all insect and rodent control measures to include garbage and refuse disposal as well as chemical pesticide treatments (please include both routine and special treatment processes (i.e. bed bug treatment)):

_____
_____
_____
_____
_____

6) Heating, Ventilation, and Air Conditioning - please select from the following:

❒ Individual gas unit
❒ Individual electric unit
❒ Central heating and air conditioning
❒ Other: _____

If you have gas-fired equipment at your facility, including water boilers, laundry dryers, heaters for spas, has the equipment been inspected by a certified contractor within the past year?
❒ Yes ❒ No

Which gas-fired equipment has been inspected?
❒ Water Heater/Boiler ❒ Dryer ❒ Heater for Pool ❒ Heater for Spa
❒ Other: _____ ❒ Other: _____

Do you have documentation of this gas-fired equipment inspection? ❒ Yes ❒ No

If you answered "No" to the above question, you may utilize the Gas-Fired Equipment Inspection Form and contact an appropriate certified contractor to perform this inspection.

7) Ice - Will self-service ice dispensers be provided for guest use?
❒ Yes (please provide specification sheet or picture) ❒ No – skip to Section 8

If "Yes", please describe how the guest will serve the ice to themselves and the method for which guest will be able to take it back to their rooms (please attach additional pages if necessary):

_____
_____
_____
_____
_____

8) Furniture, Fixtures, and Equipment - Please describe any improvements or updates you plan to make to the furniture, fixtures, and equipment in guestrooms including but not limited to mattresses & box springs, bed clothing, nightstands & dressers, showerheads, exhaust vents, etc. (please attach additional pages if necessary):

_____
_____
_____
_____
_____

In addition to the above, do you plan to add non-slip surfaces to tubs and showers in guestrooms or provide non-slip mats? ❒ Yes ❒ No

9) Improvements and Renovations - Please describe any other improvements or renovations you will be making to the facility (please attach additional pages if necessary) as well as a tentative project plan:

_____
_____
_____
_____
_____

10) Extended Stay - Does your facility offer rooms for extended-stay guests?
❒ Yes ❒ No – skip to Section 11

If "Yes", please describe your process and schedule for cleaning these rooms and changing linens during the guests' extended stay (please attach additional pages if necessary):

_____
_____
_____

Do your extended stay rooms have kitchenettes? ❒ Yes ❒ No

If "Yes", what equipment does the facility provide?
❒ Stove ❒ Oven ❒ Microwave ❒ Small Fridge ❒ Full-Sized Fridge ❒ Coffee Maker
❒ Other: _____ ❒ Other: _____ ❒ Other: _____

11) Water Management Program for Legionella Prevention - The Georgia Department of Public Health and the Fulton County Board of Health recommend all tourist accommodations assess the need for a water management plan based upon their unique facility.

Does your facility have a cooling tower?
❒ Yes ❒ No

Does your facility have a decorative fountain?
❒ Yes ❒ No

Does your facility currently have a water management program to reduce the risk of Legionella?
❒ Yes ❒ No

If "Yes", please provide a copy of the plan or describe your water management program (please attached additional pages if necessary):

_____
_____
_____
_____
_____

If "No", for a copy of guidelines for developing a water management program to reduce the risk of Legionella, please reference: CDC - Water Management Program Toolkit. For more information on Legionella and how it is spread, please reference: DPH - What is Legionella? How does it spread?

Please reference: DPH Rules and Regulations - Tourist Accommodations, Chapter 511-6-2 for a copy of the current rule.

By affixing my signature below, I hereby swear that the information provided is true and accurate. I also acknowledge that if any information is not accurate, it could result in denial, suspension, or revocation of the operating permit. Furthermore, I understand that if changes to the plans are required, I must submit the revisions to the Fulton County Board of Health and will be subject to any and all applicable fees for the additional review.

Signature of Applicant: _____ Date: _____