



APPLICATION FOR A PERMIT TO OPERATE

In accordance with applicable West Virginia Division of Health Legislative Rules, application is hereby made for a permit to operate a:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Day Care Center | <input type="checkbox"/> Labor Camp | <input type="checkbox"/> Residential Care Facility |
| <input type="checkbox"/> Bed & Breakfast Inn | <input checked="" type="checkbox"/> Mass Gathering, Fair, Festival | (Shelter, Group Home) |
| <input type="checkbox"/> Bottled Water Plant | <input type="checkbox"/> Motel/Hotel -No. of rooms _____ | <input type="checkbox"/> Retail Food Store |
| <input type="checkbox"/> Campground | <input type="checkbox"/> Mobile Food Unit | No. of cash registers _____ |
| No. of sites _____ | <input type="checkbox"/> Mobile Home Park | <input type="checkbox"/> School |
| <input type="checkbox"/> Child Care Center | No. of sites _____ | <input type="checkbox"/> Swimming Pool, Beach |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Organized Camp | <input type="checkbox"/> Tattoo Studio |
| <input type="checkbox"/> Food Service Establmt. | <input type="checkbox"/> Park, Playground | <input type="checkbox"/> Temporary Food Service Est. |
| No. of seats _____ | <input type="checkbox"/> Producer Dairy Farm | <input type="checkbox"/> Other _____ |

I hereby certify that I have received a copy of the applicable rules and that I am familiar with the contents and requirements therein.

Name of Facility _____

Located At _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Owner or Agent _____

Social Security No. (not required of corporation or gov't agency) _____

Date

Signature of Applicant
() Owner () Agent

FOR HEALTH DEPARTMENT USE ONLY

Date application received: _____

Permit no. _____

Date plans received: _____ By: _____

Date issued: _____ By: _____

Date plans reviewed: _____ By: _____

Expiration date: _____

Date plans approved: _____ By: _____

Date application denied: _____ By: _____

Date inspected: _____ By: _____

Comments: _____

Amount paid \$ _____ Date paid _____