



West Virginia Department of Health
 _____ Health Department

APPLICATION FOR A PERMIT TO OPERATE

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

<input type="checkbox"/> Adult Day Care Center	<input type="checkbox"/> Institution, School	<input type="checkbox"/> Park, Playground
<input type="checkbox"/> Bed & Breakfast Inn	<input type="checkbox"/> Labor Camp	<input type="checkbox"/> Recreational Water Facility
<input type="checkbox"/> Body Piercing Studio	<input type="checkbox"/> Mass Gathering, Fair, Festival	<input type="checkbox"/> Residential Care Facility (Shelter/Group Home)
<input type="checkbox"/> Campground No. of sites _____	<input type="checkbox"/> Manufactured Home Community No. of sites _____	<input type="checkbox"/> Tattoo Studio
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Motel / Hotel No. of rooms _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Organized Camp	Max Occupancy: _____

Certified Pool Operator Name: _____	Certification Expires: _____
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Facility Name	_____			
Physical Location	_____			
Facility Mailing Address	_____			
City	State	Zip Code	_____	
Facility Phone/Cell	Facility Fax Number		_____	
Email	_____			
Primary Contact	Primary Contact Phone		_____	
Licensee /Owner	_____			
Licensee/Owner Mailing Address	_____			
City	State	Zip Code	County	
Licensee Email	Licensee/Owner Phone		_____	
Rental/Leasing Agency	Agency Contact		_____	

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

Date	Signature () Licensee/Owner () Agent
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For Health Department Use Only

Date application received: _____	Permit no. _____
Date issued: _____ By: _____	Expiration date: _____
Date inspected: _____ By: _____	Date denied: _____ By: _____
Permit Fee: \$ _____ Date paid: _____	