

**WHEELING-OHIO COUNTY HEALTH DEPARTMENT**  
**MASS GATHERING PERMIT APPLICATION**  
**2011**

OWNER/AGENT \_\_\_\_\_

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

OWNER'S PHONE # (     ) \_\_\_\_\_ FAX# \_\_\_\_\_

OWNER/AGENT SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME OF OPERATION \_\_\_\_\_

FORMERLY OPERATING AS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LOCATION OF OPERATION \_\_\_\_\_

PHONE # (     ) \_\_\_\_\_ FAX# (     ) \_\_\_\_\_

NAME OF MASS GATHERING \_\_\_\_\_

DATE OF MASS GATHERING \_\_\_\_\_

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**MASS GATHERING PERMIT**

**\$38.50 PER GATHERING**

**PLEASE ENCLOSE FEE, PAYABLE TO THE WHEELING-OHIO COUNTY HEALTH DEPARTMENT, WITH COMPLETED APPLICATION AND RETURN TO:**

**Wheeling-Ohio County Health Department  
1500 Chapline Street – Room 106  
Wheeling, WV 26003**

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**For Health Department Use Only**

Permit Number \_\_\_\_\_ Date Issued \_\_\_\_\_ By \_\_\_\_\_

Amount Paid \_\_\_\_\_ Expiration Date \_\_\_\_\_