

WHEELING-OHIO COUNTY HEALTH DEPARTMENT
PUBLIC OR PRIVATE SCHOOL PERMIT APPLICATION
2010-2011

OWNER/AGENT _____

OWNER'S ADDRESS _____

OWNER'S PHONE # () _____ FAX# _____

OWNER/AGENT SOCIAL SECURITY NUMBER _____ - _____ - _____
(Federal ID)

NAME OF OPERATION _____

FORMERLY OPERATING AS _____

MAILING ADDRESS _____

LOCATION OF OPERATION _____

PHONE # () _____ FAX# () _____

PUBLIC – PRIVATE SCHOOL

\$ 30.75 PERMIT FEE

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**

For Health Department Use Only

Permit Number _____ Date Issued _____ By _____

Amount Paid _____ Expiration Date _____