

**WHEELING-OHIO COUNTY HEALTH DEPARTMENT**  
**RETAIL ESTABLISHMENTS PERMIT APPLICATION**  
**2010-2011**

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# (    ) \_\_\_\_\_

**FEE SCHEDULE BASED ON CHECKOUTS**

**\$50.00 PER CHECKOUT: MAXIMUM 6 CHECKOUTS**

\_\_\_\_\_ CHECKOUTS                      \_\_\_\_\_ AMOUNT ENCLOSED

**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 \_\_\_\_\_