

**WHEELING-OHIO COUNTY HEALTH DEPARTMENT**  
**CARE FACILITY 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# (    ) \_\_\_\_\_

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**CARE FACILITY**

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**\$ 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**

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**For Health Department Use Only**

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

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