

WHEELING-OHIO COUNTY HEALTH DEPARTMENT
CHILD CARE CENTER 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# () _____

(7 – 12 kids) FEE \$ 50.00
(13 – 25 kids) FEE \$ 95.25
(>25 kids) FEE \$ 95.25

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** _____