

WHEELING-OHIO COUNTY HEALTH DEPARTMENT
FOOD SERVICE 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 SEATING

**FOOD SERVICE ESTABLISHMENTS WITH WEST VIRGINIA ALCOHOLIC
BEVERAGE CONTROL ADMINISTRATION (WV ABCA LICENSE ADD \$61.00)**

WITHOUT WVABCA LICENSE

() 0-20 \$100.00
() 21-35 \$152.50
() 36-50 \$200.00
() 51-80 \$300.00
() 81 & over \$400.00

WITH WVABCA LICENSE

() \$161.00
() \$213.50
() \$261.00
() \$361.00
() \$461.00

**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** _____