

**WHEELING-OHIO COUNTY HEALTH DEPARTMENT**  
**BED AND BREAKFAST PERMIT APPLICATION**  
**2011-2012**

OWNER/AGENT \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

OWNER'S PHONE # (     ) \_\_\_\_\_ FAX# \_\_\_\_\_

OWNER/AGENT SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(or Federal ID)

NAME OF OPERATION \_\_\_\_\_

FORMERLY OPERATING AS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LOCATION OF OPERATION \_\_\_\_\_

PHONE # (     ) \_\_\_\_\_ FAX# (     ) \_\_\_\_\_

**BED AND BREAKFAST**

**\$ 38.50 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** \_\_\_\_\_