

WHEELING-OHIO COUNTY HEALTH DEPARTMENT
HOTEL/MOTEL 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# () _____

FEE SCHEDULE BASED ON ROOMS

() 0-20	\$ 100.00
() 21-35	\$ 190.75
() 36-50	\$ 200.00
() 51-80	\$ 300.00
() 81 & over	\$ 400.00

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** _____