



**West Virginia Department of Health
Wheeling-Ohio County Health Department**



**APPLICATION FOR A PERMIT TO OPERATE – FOOD
ALL FOOD PERMITS EXPIRE JUNE 30TH**

Food Establishment: _____ Phone _____ Fax _____

Mailing Address _____

Location _____ Hours of Operation _____

Applicant: Name _____ Phone _____ Fax _____

Mailing Address _____ County _____ Email _____

Permit Holder: Permit to be issued to: Applicant Corporation Partnership Other Legal Entity _____

Certified Food Protection Manager: _____ Phone: _____

Ownership: Individual Association Corporation Partnership Other Legal Entity _____

Provide the Name, Title, and Address of each person comprising legal ownership (Owners, Officers, Local Resident Agent, etc).

Person Directly Responsible for Facility (Manager, Person-In-Charge):

Name _____ Title _____ Phone _____

Mailing Address _____

Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):

Name _____ Title _____ Phone _____

Mailing Address _____

Type of Establishment

<input type="checkbox"/> Food Service Establishment/Restaurant ___ 0-20 seats \$150 ___ 21-50 seats \$300 ___ 51-80 seats \$450 ___ >81 seats \$600	<input type="checkbox"/> Retail Food Store \$72 per checkout Number of Checkout Stations _____	<input type="checkbox"/> Temporary Food Operation \$72 <i>(Permits expire per date on permit, maximum for 14 consecutive days)</i> Event Name: _____ _____
<input type="checkbox"/> Mobile Retail Food Service \$125	<input type="checkbox"/> Mobile Food Service \$125	Event Date: _____
<input type="checkbox"/> Vending Machine(s) \$72 per machine Number of units _____	<input type="checkbox"/> WVABCA License Only (No Food) \$72 Event Name: _____	<input type="checkbox"/> Portable Food Operation \$125 <i>(Only valid in Ohio County)</i>
<input type="checkbox"/> Bed and Breakfast \$72	<input type="checkbox"/> Food Bank/Food Pantry \$150	<input type="checkbox"/> Church Food Service \$100

Meals Provided: Breakfast Lunch Dinner Services Provided: Sit Down Take Out Delivery Mail Order

Seating Capacity: _____ Average number of meals served per day: _____

Yes No - Serve High Susceptible Population (HSP) preschool children, childcare facilities, immunocompromised, nursing home or assisted living

Mobile Retail/Food Unit License Number _____ Type (trailer, etc) _____ State Issue _____

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date _____ Signature of Applicant () Owner () Agent _____

For Health Department Use Only

Date application received _____ Permit no. _____
Date issued _____ By _____ Expiration date _____
Permit Fee \$ _____ Date paid _____ Cash _____ Rec# _____