



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



APPLICATION FOR A PERMIT TO OPERATE – GENERAL

ALL PERMITS EXPIRE JUNE 30TH

In accordance with applicable West Virginia Department of Health Legislative Rules, application is hereby made for a permit to operate a:

<input type="checkbox"/> Bed & Breakfast Inn \$72	<input type="checkbox"/> Labor Camp \$150	<input type="checkbox"/> Public/Private School \$72
<input type="checkbox"/> Body Piercing Studio \$200	<input type="checkbox"/> Mass Gathering, Fair, Festival \$72	<input type="checkbox"/> Care Facility (Shelter/Group Home) \$72
<input type="checkbox"/> Sewage Cleaning Trucks \$19.20 (Expire March 31 st)	<input type="checkbox"/> Temporary Tattoo Studio \$100 (Permits valid for 14 consecutive days)	<input type="checkbox"/> Tattoo Studio \$200 (Valid for 1 year from date of issuance)
<input type="checkbox"/> Organized Camp \$108	<input type="checkbox"/> Industrial Camp \$120	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Campground \$7.20 per site (\$72 minimum fee) No. of sites _____	<input type="checkbox"/> Tanning Facility Permits \$200 (Valid for 1 year from date of issuance)	<input type="checkbox"/> Hotel / Motel ___ 0-20 rooms \$150 ___ 21-50 rooms \$300 ___ 51-80 rooms \$450 ___ >81 rooms \$600

Facility Name				
Physical Location				
Facility Mailing Address				
City	State	Zip Code		
Facility Phone/Cell		Facility Fax Number		
Email				
Primary Contact		Primary Contact Phone		
Licensee /Owner				
Licensee/Owner Mailing Address				
City	State	Zip Code	County	
Licensee Email		Licensee/Owner Phone		
WV Business License		Wheeling Business License		

I hereby certify that the above information is accurate and to allow the regulatory authority access to the establishment and to records as specified in that rule(s).

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# _____