



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



**APPLICATION FOR A PERMIT TO OPERATE – GENERAL**

Recreational Water/Pool, Child Care and Manufactured Home Community permits expire December 31st

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

<input type="checkbox"/> Child Care Center ___ Family Day Care 7-12 kids <b>\$72</b> ___ Day Care Center 13-25 kids <b>\$150</b> ___ Day Care Center >26 kids <b>\$222</b>	<input type="checkbox"/> Manufactured Home Community ___ 0-10 units <b>\$150</b> ___ 11-20 units <b>\$180</b> ___ 21-30 units <b>\$270</b> ___ >31 units <b>\$330</b>	<input type="checkbox"/> Recreational Water Facility/Pool <b>\$150</b>
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Certified Pool Operator Name:	Certification Expires:
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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# _____

Wheeling-Ohio County Health Department, 1500 Chapline Street, Room 106, Wheeling, WV 26003, Phone: (304) 234-3682, Fax: (304) 234-6405