



## Wheeling-Ohio County Health Department

### HOTEL/MOTEL PERMIT APPLICATION 2025-2026

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

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

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

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

**West Virginia Business License** \_\_Yes \_\_No     **Wheeling Business License** \_\_Yes \_\_No \_\_NA  
Number \_\_\_\_\_ Number \_\_\_\_\_

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

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

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

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

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

#### PERMIT FEE SCHEDULE BASED ON ROOMS

(   ) 0-20	\$ 150.00
(   ) 21-50	\$ 300.00
(   ) 51-80	\$ 450.00
(   ) 81 & over	\$ 600.00

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 \_\_\_\_\_

Check # \_\_\_\_\_

Cash \_\_\_\_\_ Rec # \_\_\_\_\_