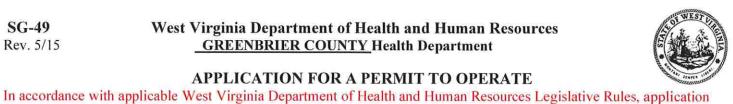
SG-49 Rev. 5/15

West Virginia Department of Health and Human Resources GREENBRIER COUNTY Health Department



APPLICATION FOR A PERMIT TO OPERATE

is hereby made for a permit t	o operate a:			
Adult Day Care Center	☐ Institution, School		Park, Playground	
☐ Bed & Breakfast Inn	☐ Labor Camp		Producer Dairy Farm	
☐ Body Piercing Studio	Mass Gathering, Fair, Fes	tival	Recreational Water F	acility
Campground No. of sites	Motel/Hotel No. of rooms		Residential Care Faci (Shelter, Group Home)	lity
Organized Camp	☐ Tattoo Studio		☐ Correctional Facility	
Child Care Center No. of children per DHHR Licensing	Manufactured Home Com No. of sites with Utility hooku No. of Occupied sites	ıp	Other:	
Certified Poo Certification	Evnirace			
Facility Name				
Physical Location and Address				
Billing Address				
City	State		Zip code	
Facility Phone/Cell Number	Facility Fax Number			
Managers Name &			-	
Phone Number Primary Contact		Primary	y Contact	
email address	Phone Number			
Licensee /Owner				
Mailing Address		City	State	Zip code
Licensee Email Address	Licensee/ Owner Phone Number			
I hereby certify that I have recei	ved a copy of the applicable rules an	id that I am	n familiar with the contents ar	nd requirements therein.
Ş	-			
Date			Signature () Licensee/Own	ner () Agent
8	For Departmen			
	Due		Permit no	
Date inspected:	By:		Expiration date: Date denied:	Dve
Permit Fee: \$			Date deflied.	Бу