



APPLICATION FOR A PERMIT TO OPERATE

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Day Care Center | <input type="checkbox"/> Institution, School | <input type="checkbox"/> Park, Playground |
| <input type="checkbox"/> Bed & Breakfast Inn | <input type="checkbox"/> Labor Camp | <input type="checkbox"/> Producer Dairy Farm |
| <input type="checkbox"/> Body Piercing Studio | <input type="checkbox"/> Mass Gathering, Fair, Festival | <input type="checkbox"/> Recreational Water Facility |
| <input type="checkbox"/> Campground
No. of sites _____ | <input type="checkbox"/> Motel/Hotel
No. of rooms _____ | <input type="checkbox"/> Residential Care Facility
(Shelter, Group Home) |
| <input type="checkbox"/> Organized Camp | <input type="checkbox"/> Tattoo Studio | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Child Care Center
No. of children per
DHHR Licensing _____ | <input type="checkbox"/> Manufactured Home Community
No. of sites with Utility hookup _____
No. of Occupied sites _____ | <input type="checkbox"/> Other: _____ |

Certified Pool Operator Name: _____
Certification Expires: _____

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 email address _____ **Primary Contact Phone Number** _____

Licensee /Owner _____

City _____ **State** _____ **Zip code** _____

Mailing Address _____

Licensee Email Address _____ **Licensee/ Owner Phone Number** _____

I hereby certify that I have received a copy of the applicable rules and that I am familiar with the contents and requirements therein.

Date

Signature
() Licensee/Owner () Agent

For Department Use Only

Date application received: _____
Date issued: _____ By: _____
Date inspected: _____ By: _____
Permit Fee: \$ _____ Date paid: _____

Permit no. _____
Expiration date: _____
Date denied: _____ By: _____