SG-49
Rev. 5/15

West Virginia Department of Health and Human Resources
_____ Health Department

APPLICATION FOR A PERMIT TO OPERATE
(available online @www.wvdhhr.org/phs)

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

- ☐ Adult Day Care Center
- ☐ Bed & Breakfast Inn
- ☐ Body Piercing Studio
- ☐ Campground
  No. of sites _____
- ☐ Child Care Center
- ☐ Correctional Facility
- ☐ Institution, School
- ☐ Labor Camp
- ☐ Mass Gathering, Fair, Festival
- ☐ Manufactured Home Community
  No. of sites _____
- ☐ Motel / Hotel
  No. of rooms _____
- ☐ Organized Camp
- ☐ Park, Playground
- ☐ Producer Dairy Farm
- ☐ Recreational Water Facility
- ☐ Residential Care Facility
  (Shelter, Group Home)
- ☐ Tattoo Studio
- ☐ Other: _____

Certified Pool Operator Name: _____
Certification Expires: _____

Facility Name _____

Physical Location Facility _____

Mailing Address _____

City _____ State _____ Zip Code _____

Facility Phone/Cell Number _____ Facility Fax Number _____

Email Address _____

Primary Contact (print or type) _____ Primary Contact Phone Number _____

Licensee /Owner _____

Licensee/Owner Mailing Address _____ City _____ State _____ Zip _____

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: _____ Permit no. _____
Date issued: _____ By: _____ Expiration date: _____
Date inspected: _____ By: _____ Date denied: _____ By: _____
Permit Fee: $_____ Date paid: _____