

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

Certified Pool Operator Name: _____
Certification Expires: _____

Facility Name _____

Physical Location _____

Facility _____

Mailing Address _____

City _____ State _____ Zip _____

Facility Phone/Cell _____

Number _____ Facility Fax Number _____

Email Address _____

Primary Contact _____ Primary Contact Phone _____

(print or type) _____ Number _____

Licensee /Owner _____

Licensee/Owner _____ City _____ State _____ Zip _____

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: _____ Permit no. _____

Date issued: _____ By: _____ Expiration date: _____

Date inspected: _____ By: _____ Date denied: _____ By: _____

Permit Fee: \$ _____ Date paid: _____