



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:

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

Facility Name \_\_\_\_\_

Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone/Cell Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Owner / Agent \_\_\_\_\_

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 of Applicant  
( ) Owner ( ) Agent

**For Department Use Only**

Date application received: \_\_\_\_\_ Permit no. \_\_\_\_\_

Date plans received: \_\_\_\_\_ By: \_\_\_\_\_ Date issued: \_\_\_\_\_ By: \_\_\_\_\_

Date plans reviewed: \_\_\_\_\_ By: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Date plans approved: \_\_\_\_\_ By: \_\_\_\_\_ Date denied: \_\_\_\_\_ By: \_\_\_\_\_

Date inspected: \_\_\_\_\_ By: \_\_\_\_\_ Comments: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_