



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:

- | | | |
|---|--|---|
| <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"/> Manufactured Home Community
No. of sites _____ | <input type="checkbox"/> Residential Care Facility
(Shelter, Group Home) |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Motel / Hotel
No. of rooms _____ | <input type="checkbox"/> Tattoo Studio |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Organized Camp | <input type="checkbox"/> 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 _____ 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: _____