



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: _____ | |