

## West Virginia Department of Health \_\_\_\_\_\_Health Department

## APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Food Establishment:	Phone	Fax
Mailing Address		
Location	Hours of Op	peration
Applicant: Name Age ≥ 18? ☐ Yes	No Phone	Fax
Mailing Address County		
Permit Holder: Permit to be issued to: Applicant Corporation Partnership Other Legal Entity		
Ownership: Individual Association Corporation Partnership Other Legal Entity		
Provide the Name, Title, and Address of each person comprising legal ownership (Owners, Officers, Local Resident Agent, etc).		
Person Directly Responsible for Facility (Manager, Person-In-Charge):  Name Title		Phone
Mailing Address		
Immediate Supervisor     of Person Directly Responsible (Zone, District, Region Name       Name     Title       Mailing Address		Phone
Type Establishment:  Restaurant – includes, fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site, etc.  Retail Food Store - grocery store, convenience store, meat market, etc. Indicate Number of Checkout Stations:  Retail Food Store Specialty Department – deli, bakery, seafood, etc.  Institution – child care center, hospital, jail, nursing home, personal care home, school, etc.		
ABC License Vending Machine(s) Food Bank/Food Par		
Meals Provided: Breakfast Lunch Dinner Services Pr		ke Out Delivery Mail Order
Seating Capacity: Average number of meals served per day: Yes		
HSP includes: preschool children, child care facilities, immunocompromised or older adults, nursing home or assisted living facilities, hospitals, etc.		
Type of Operation: Attach a sample menu or list menu on reverse. TCS means time/temperature control for safety food, those requiring time/temperature controls.    Min. Food Prep.   Minimal food preparation (i.e. coffee/tea only, popcorn,etc.)   One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 TCS. Limited hot and cold holding of TCS.   Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores, Excluding specialty departments within retail food stores.    Full		
I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.		
Date Signature of Applicant		
For Health Department Use Only		
Date Received Reviewed By	Perm	it Fee
Permit Issued Denied Date Permit No.	Comr	ments