



**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<br>No. of sites _____ | <input type="checkbox"/> Manufactured Home Community<br>No. of sites _____ | <input type="checkbox"/> Residential Care Facility<br>(Shelter, Group Home) |
| <input type="checkbox"/> Child Care Center                | <input type="checkbox"/> Motel / Hotel<br>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 \_\_\_\_\_ Primary Contact Phone \_\_\_\_\_  
(print or type) Number \_\_\_\_\_

Licensee /Owner \_\_\_\_\_

Licensee/Owner \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Licensee Email \_\_\_\_\_ Licensee/ Owner \_\_\_\_\_  
Address \_\_\_\_\_ 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: _____	