

West Virginia Department of Health ______Health Department

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Food Establishment:	Phone	Fax
Mailing Address	·	
Location		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:		
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		
<u>Immediate Supervisor</u> of Person Directly Responsible (Zone, District, Regional Name Title Mailing Address	•	Phone
Type Establishment: Restaurant – includes, fast food, caterer, commissary, concession star Retail Food Store - grocery store, convenience store, meat market, etc.		np, feeding site, etc. er of Checkout Stations:
Retail Food Store Specialty Department – deli, bakery, seafood, etc.		
Institution – child care center, hospital, jail, nursing home, personal ca	are home, school, etc.	
☐ ABC License ☐ Vending Machine(s) ☐ Food Bank/Food Pantry	<u></u>	
Meals Provided: Breakfast Lunch Dinner Services Prov	ided: 🗌 Sit Down 📗 Ta	ke Out 🔲 Delivery 🔲 Mail Order
Seating Capacity: Average number of meals served per day: Yes No Serve High Susceptible Population (HSP)?		
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/tem Min. Food Prep. Minimal food preparation (i.e. coffee/tea only, popcorn,etc.) Limited One or two main menu items. Cooking, cooling, reheating limited Limited advanced preparation for next day service. Raw ingredien Excluding specialty departments within retail food stores. Full Full Preparing TCS using two or more of the following steps: cooking, or more of the following steps: cooking steps	to 1 or 2 TCS. Limited hot and outside to 1 or 2 TCS. Limited hot and outside to require minimal assembly. In the cooling, reheating, hot or cold here.	cold holding of TCS. Includes retail food stores, Including, freezing, or thawing.
Extensive handling of raw ingredients. Advanced prep for next da	y service. Includes specialty dep	partments in retail food stores.
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.	Com	ments