



Care. Protect. Educate.

APPLICATION FOR A PERMIT TO OPERATE

In accordance with applicable West Virginia Department of Health and Human Resources Legislative Rules, application is hereby made for a permit to operate a:

- Adult Day Care Center, Bed & Breakfast Inn, Body Piercing Studio, Campground, Child Care Center, Correctional Facility, Institution, School, Labor Camp, Mass Gathering, Fair, Festival, Manufactured Home Community, Motel / Hotel, Organized Camp, Park, Playground, Producer Dairy Farm, Recreational Water Facility, Residential Care Facility, Tattoo Studio, Other:

If you operate a pool, Certified Pool Operator Name: Certification Expires:

FACILITY INFORMATION

Name: Physical Location: Mailing Address: City: State: Zip Code: Phone: Fax Number: Email Address: Name of Primary Contact: Primary Contact Phone Number:

LICENSEE/OWNER INFORMATION

Name: Mailing Address: City: State: Zip Code: Email 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.

Signature: Date: Owner: Agent:

Complete and return to: Putnam County Health Department PO Box 892, Winfield WV 25213 Phone (304) 757-2541