SG-49
Rev. 6/03

West Virginia Department of Health and Human Resources
Mercer County Health Department

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
  No. of sites _____
- ☐ Child Care Center
- ☐ Correctional Facility
- ☐ Institution, School
- ☐ Labor Camp
- ☐ Mass Gathering, Fair, Festival
- ☐ Mobile Home Park
  No. of sites _____
- ☐ Motel / Hotel
  No. of rooms _____
- ☐ Organized Camp
- ☐ Park, Playground
- ☐ Producer Dairy Farm
- ☐ Public Restroom
- ☐ Recreational Water Facility
  (Pool, Bathing Beach, Spa)
- ☐ Residential Care Facility
  (Shelter, Group Home)
- ☐ Tattoo Studio
- ☐ Other _____

Name of Facility _____

Location _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Owner or Agent _____ Social Security No. _____
(not required of corporation or gov't agency)

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 of Applicant
( ) Owner ( ) Agent

For Department Use Only

Date application received: _____ Permit no. _____

Date plans received: _____ By: _____ Date issued: _____ By: _____

Date plans reviewed: _____ By: _____ Expiration date: _____

Date plans approved: _____ By: _____ Date denied: _____ By: _____

Date inspected: _____ By: _____ Comments: _____

Permit Fee: $_____ Date paid: _____