



## MASS GATHERING PERMIT APPLICATION

A Mass Gathering is defined as any group of 250 or more people assembled together for a meeting, festival, social gathering, concert, or another similar purpose. The term shall not include assembly in any permanent buildings or permanent structures designed, equipped, and intended for use by large numbers of people. For the purposes of this subsection, equipped means supplied with adequate sanitary facilities for the intended use.

**Applications are due at least 15 days prior to the event.**

**Event coordinators are required to submit a list of all food vendors attending the event.**

**Permit to Operate Fee is \$72.00 per event**

- Complete** the Mass Gathering Permit Application (SG-49)  
<https://www.jchdww.org/environmentalhealth/>
- Complete** the event name and date(s) and times.
- Include** a list of all food vendors attending the event.
- Submit** this packet and payment together to: [Patti.J.Richardson@wv.gov](mailto:Patti.J.Richardson@wv.gov)

**Event Name:** \_\_\_\_\_

**Event Date(s):** \_\_\_\_\_

**Event Times:** \_\_\_\_\_ to: \_\_\_\_\_

**Vendor Set-up Time:** \_\_\_\_\_



West Virginia Department of Health  
Health Department

**APPLICATION FOR A PERMIT TO OPERATE**

In accordance with applicable West Virginia Department of Health 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"/> Recreational Water Facility
<input type="checkbox"/> Body Piercing Studio	<input type="checkbox"/> Mass Gathering, Fair, Festival	<input type="checkbox"/> Residential Care Facility (Shelter/Group Home)
<input type="checkbox"/> Campground No. of sites _____	<input type="checkbox"/> Manufactured Home Community No. of sites _____	<input type="checkbox"/> Tattoo Studio
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Motel / Hotel No. of rooms _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Organized Camp	Max Occupancy: _____

Certified Pool Operator Name: _____	Certification Expires: _____
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Facility Name	_____			
Physical Location	_____			
Facility Mailing Address	_____			
City	State	Zip Code	_____	
Facility Phone/Cell	Facility Fax Number		_____	
Email	_____			
Primary Contact	Primary Contact Phone		_____	
Licensee /Owner	_____			
Licensee/Owner Mailing Address	_____			
City	State	Zip Code	County	
Licensee Email	Licensee/Owner Phone		_____	
Rental/Leasing Agency	Agency Contact		_____	

I hereby certify that I have received a copy of the applicable rules and that I am familiar with the contents and requirements therein.

_____ <b>Date</b>	_____ <b>Signature</b> ( ) Licensee/Owner ( ) Agent
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**For Health Department Use Only**

Date application received: _____	Permit no. _____
Date issued: _____ By: _____	Expiration date: _____
Date inspected: _____ By: _____	Date denied: _____ By: _____
Permit Fee: \$ _____ Date paid: _____	



## Payment Options and Submission

### Check Payments:

Please make checks **payable to Jefferson County Health Department** and **include a phone number on the top of the check**. Mail to the address above or drop in the lock box outside our back door marked Environmental.

### Credit Card Payments: 3.99% Fee applies to all Credit Card Transactions

**Pay Via Form Below:** Complete the credit card section below and submit along with your application via email, fax, mail or drop in the lock box outside our back door marked Environmental.

**Pay Online:** To use this option.

- You MUST submit your application(s) along with this payment form.
- Do not try to pay with the pay online button on our website as it will not work. You must receive a payment link to pay online.

**I AM REQUESTING A PAYMENT LINK (check here):** \_\_\_\_\_

Email all permit applications and payments to: [Patti.J.Richardson@wv.gov](mailto:Patti.J.Richardson@wv.gov)

### PLEASE NOTE:

We are unable to accept credit card payments over the phone.

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### Credit Card Payment:

**There is a 3.99% fee on all credit card payments.**

Card Holder Name: \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_