West Virginia Department of Health
_____Health Department

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Food Establishment: _____ Phone _____ Fax _____
Mailing Address _____
Location _____ Hours of Operation _____
Applicant: Name _____ Age ≥ 18? ☐ Yes ☐ No Phone _____ Fax _____
Mailing Address _____ County _____ Email _____

Permit Holder: Permit to be issued to: ☐ Applicant ☐ Corporation ☐ Partnership ☐ Other Legal Entity _____

Ownership: ☐ Individual ☐ Association ☐ Corporation ☐ Partnership ☐ Other Legal Entity _____
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 _____

Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):
Name _____ Title _____ Phone _____
Mailing Address _____

Type Establishment:

- ☐ Restaurant – includes, fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site, etc.
- ☐ Retail Food Store - grocery store, convenience store, meat market, etc. Indicate Number of Checkout Stations: _____
- ☐ Retail Food Store Specialty Department – deli, bakery, seafood, etc.
- ☐ Institution – child care center, hospital, jail, nursing home, personal care home, school, etc.
- ☐ ABC License ☐ Vending Machine(s) ☐ Food Bank/Food Pantry

Meals Provided: ☐ Breakfast ☐ Lunch ☐ Dinner Services Provided: ☐ Sit Down ☐ Take 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/temperature control for safety food, those requiring time/temperature controls.

☐ Min. Food Prep.	Minimal food preparation (i.e. coffee/tea only, popcorn,etc.)
☐ Limited	One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 TCS. Limited hot and cold holding of TCS. Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores, Excluding specialty departments within retail food stores.
☐ Full	Preparing TCS using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing. Extensive handling of raw ingredients. Advanced prep for next day service. Includes specialty departments 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 _____ Permit Fee _____

Permit ☐ Issued ☐ Denied Date _____ Permit No. _____ Comments _____

SF-5 Rev 3-2024