



ENVIRONMENTAL HEALTH SERVICES
108 LEE ST., CHARLESTON, WEST VIRGINIA 25301

304-348-8050
kchdww@wv.gov

APPLICATION FOR A PERMIT TO OPERATE

In accordance with West Virginia State Code and any applicable Legislative Rules, application is hereby made for a permit with Kanawha-Charleston Health Department to operate a/an:

- Checkboxes for facility types: BED & BREAKFAST INN, BODY PIERCING STUDIO, CAMPGROUND, CHILD CARE CENTER, INSTITUTION, SCHOOL, MANUFACTURED HOME FACILITY, MICROBLADING, MOTEL/HOTEL, ORGANIZED CAMP / LABOR CAMP, RECREATIONAL WATER FACILITY, SHELTER/GROUP HOME, TATTOO STUDIO, OTHER.

IF APPLICABLE:
CERTIFIED POOL OPERATOR NAME:
CERTIFICATION EXPIRES

FACILITY NAME:
PHYSICAL LOCATION:
FACILITY MAILING ADDRESS:
CITY STATE ZIP

FACILITY PHONE/MOBILE NUMBER FAX

PRIMARY CONTACT:

PHONE: EMAIL:

LICENSEE/OWNER NAME:

PHONE: EMAIL:

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

DATE SIGNATURE ( ) LICENSEE/OWNER ( ) AGENT

DATE RECEIVED: PERMIT No:
DATE ISSUED: EXPIRATION DATE:
DATE INSPECTED: DATE DENIED:
PERMIT FEE:
DATE PAID: