FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

BROOKE COUNTY HEALTH DEPARTMENT

204 COURTHOUSE SQUARE

WELLSBURG WV 26070

304-737-3665

**Owner/Applicant Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Licensee/Entity Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doing Business As (DBA) Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Location** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street) (City) (State) (Zip)

**Mailing Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If different) (Street) (City) (State) (Zip)

**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person(s) in charge** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type Establishment** (Check all that apply) \_\_ Mobile or \_\_ Stationary

\_\_\_\_\_\_ Temporary < 14 days Date of Event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Restaurant (fast food, caterer, concession) Seating Capacity \_\_\_\_\_\_

\_\_ Retail food store Number Checkouts \_\_\_\_\_\_

\_\_ Retail food store specialty dept. (deli, bakery, seafood)

\_\_ Institution (hospital, jail, school, child care center, adult care center, nursing home)

\_\_ Bar or Tavern \_\_Liquor \_\_ Video Lottery \_\_ Vending

\*Effective July 1, 2015 all establishments are 100% smoke-free. Please refer to contact Brooke County Health Department or visit [www.brookecountyhealthdepartment.com](http://www.brookecountyhealthdepartment.com) for a complete copy of regulation.

**Type of Operation** (PHF = potentially hazardous food)

\_\_ No PHF \_\_\_ Limited \_\_ Full

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

Permit Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Fee \_\_\_\_\_\_\_\_\_

Date Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_