

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  $\leq$  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** \_\_\_\_\_

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For Health Department Use Only

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

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