

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 _____ **Email** _____

Certified Food Protection Manager (CFPM) _____ **Attach Certificate**

CFPM Phone _____ **Address** _____

Type Establishment

Mobile Unit OR Stationary

Seating Capacity

Restaurant (fast food, caterer, concession)

Bar or Tavern Video Lottery

Retail food store: No. of Checkouts Vending: No. Machines

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

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

Temporary ≤ 14-day **\$20.00 Fee** Date of Event _____

Does your facility have a Class A Liquor License? YES or NO If so do you serve liquor? YES or NO

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: _____