



West Virginia Department of Health
Health Department

APPLICATION FOR A PERMIT TO OPERATE

In accordance with applicable West Virginia Department of Health Legislative Rules, application is hereby made for a permit to operate a:

<input type="checkbox"/> Adult Day Care Center	<input type="checkbox"/> Institution, School	<input type="checkbox"/> Park, Playground
<input type="checkbox"/> Bed & Breakfast Inn	<input type="checkbox"/> Labor Camp	<input type="checkbox"/> Recreational Water Facility
<input type="checkbox"/> Body Piercing Studio	<input type="checkbox"/> Mass Gathering, Fair, Festival	<input type="checkbox"/> Residential Care Facility (Shelter/Group Home)
<input type="checkbox"/> Campground No. of sites _____	<input type="checkbox"/> Manufactured Home Community No. of sites _____	<input type="checkbox"/> Tattoo Studio
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Motel / Hotel No. of rooms _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Organized Camp	Max Occupancy: _____

Certified Pool Operator Name: _____

Certification Expires: _____

Facility Name					
Physical Location					
Facility Mailing Address					
City		State		Zip Code	
Facility Phone/Cell			Facility Fax Number		
Email					
Primary Contact			Primary Contact Phone		
Licensee /Owner					
Licensee/Owner Mailing Address					
City		State	Zip Code	County	
Licensee Email			Licensee/Owner Phone		
Rental/Leasing Agency			Agency Contact		

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

Date

Signature

() Licensee/Owner () Agent

For Health Department Use Only

Date application received: _____
Date issued: _____ By: _____
Date inspected: _____ By: _____
Permit Fee: \$ _____ Date paid: _____

Permit no. _____
Expiration date: _____
Date denied: _____ By: _____

Fees for Operation per Year 2026-2027

Bed & Breakfast-----	\$72.00
Body Piercing Studio-----	\$200.00 (due from date of open)
Campground-----	\$7 per site \$72 minimum fee.
Child Care Center-----	-\$72.00 (7-12 children) \$150.00 (13-25 children) \$222.00 (< 25 Children)
Institutions & Schools-----	\$72.00
Mass Gathering; Fairs/Festivals-----	\$72.00 per event
Manufactured Home Community-----	(0-10sites) \$150.00, (11-20 sites) \$180.00, (21-30 sites) \$270.00, (<30sites) \$330.00
Motel/Hotel-----	\$150.00 (0-20 rooms) \$300.00 (21-50 rooms) \$450 (51-80) \$600 (<80rooms) \$600.
Organized Camp -----	-\$100
Swimming Pool & Spas-----	\$150.00
Tattoo Studio-----	\$200.00 (due from date of open)
Residential Care Facility-----	\$72.00

Replacement of Operating Permit-\$10.00 Re-inspection due to violations-\$100.00

Water Samples from pools, hot tubs, spas, or potable water collected from permitted establishments in addition to required per code: \$50.00

**Mail to: Hancock County Health Department
 PO Box 578
 New Cumberland, WV 26047**

PERMIT RENEWALS MUST BE RECEIVED BY June 30, 2026

A 25% late fee will be assessed on payments for permit renewals after July 1st , 2026

PERMIT Renewals Not received by June 30, 2026 are subject to Closure on July 1st, 2026