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Rev. 7/12

| West | est Virginia Department of Health and Human Resources | | | |
|------|---|---------------------|--|--|
| | HANCOCK COUNTY | _ Health Department | | |



APPLICATION FOR A PERMIT TO OPERATE

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

| ☐ Adult Day Care Center | ☐ Institution, School | ☐ Park, Playground | |
|---|---|---|--|
| ☐ Bed & Breakfast Inn | ☐ Labor Camp | ☐ Producer Dairy Farm | |
| ☐ Body Piercing Studio | ☐ Mass Gathering, Fair, Festival | ☐ Public Restroom | |
| □ Campground No. of sites | ☐ Manufactured Home Community No. of sites | ☐ Recreational Water Facility | |
| □ Child Care Center | ☐ Motel / Hotel No. of rooms | (Pool, Bathing Beach, Spa) ☐ Residential Care Facility (Shelter, Group Home) | |
| ☐ Correctional Facility | ☐ Organized Camp | ☐ Tattoo Studio | |
| Other | | | |
| Facility Name | | | |
| Location | | | |
| Mailing Address | | | |
| City | Stat e | Zip Code | |
| Phone/Cell Number Email Address | Fax Number | | |
| | | | |
| Owner / Agent | | | |
| Owner / Agent I hereby certify that I have receive requirements therein. Date | ved a copy of the applicable rules and that | Signature of Applicant | |
| hereby certify that I have receivequirements therein. | ved a copy of the applicable rules and that | | |
| hereby certify that I have receive equirements therein. Date | For Department Use Only | Signature of Applicant () Owner () Agent | |
| hereby certify that I have receivequirements therein. | For Department Use Only Permit t | Signature of Applicant | |

Fees for Operation per Year 2026-2027

| Bed & Breakfast | \$72.00 | | | | | |
|---|---|-------------------------------|------------------------------|--|--|--|
| Campground | - \$7 per site \$72 minimum fee. | | | | | |
| Child Care Center | -\$72.00 (7-12 children) \$1 | 150.00 (13-25 children) | \$222.00 (25+ Children) | | | |
| Institutions & Schools | \$72.00 | | | | | |
| Mass Gathering; Fairs/Festivals \$72.00 per event | | | | | | |
| Motel/Hotel | \$150.00 (0-20 rooms) \$450.00 (51-80 rooms) | \$300.00 (21- \$600.00 (81 | -50 rooms) or more rooms) | | | |
| Swimming Pool & Spas | \$150.00 | | | | | |

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: \$20.00
(In Addition to Lab Fee of \$20.00)

Mail to:

Hancock County Health Department

PO Box 578

New Cumberland, WV 26047

Body Piercing Studio----- \$200.00 Tattoo Studio----- \$200.00

Residential Care Facility----- \$72.00

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