

West Virginia Department of Health and Human Resources Hancock County Department of Health

APPLICATION FOR A PERMIT TO OPERATE VENDING MACHINES

Name of Pusin					
Phone	ess	Hours of Op	neration .		
Location	I WA	110ut3 01 0p			
Permit Holders	Name				
Person Compris	sing Legal Ownership				
		Social Security No			
Fee for Perm	_	er Potentially Hazard 2.00 maximum per site.	ous Food vending n	nachine.	
Numb	er of Machines	X \$72.00 =	=	-	
******	*****Please attach	list of machines by l	location*******	****	
Mail to: Hanco	ck County Health Dep	artment, PO Box 578, I	New Cumberland, W	V 26047	
PERM	IT RENEWALS M	UST BE RECEIVEI	D BY JUNE 30, 20	26	
A 25% late	fee will be assessed on	payments or permit re	enewals after June 30	, 2026	
Permit Rene	wals not received by J	une 30, 2026 are subjec	ct to closure on July	<u>1, 2026</u>	
	For	Health Department use only			
Date received	Reviewed by	Permit No.	PermitIssued	Denied	
		Comments			