



West Virginia Department of Health  
Health Department

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

**Food Establishment:**

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Location \_\_\_\_\_ Hours of Operation \_\_\_\_\_

**Applicant:** Name \_\_\_\_\_ Age  $\geq 18$ ? ☐ Yes ☐ No Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_ County \_\_\_\_\_ Email \_\_\_\_\_

**Permit Holder:** Permit to be issued to: ☐ Applicant ☐ Corporation ☐ Partnership ☐ Other Legal Entity \_\_\_\_\_

**Ownership:** ☐ Individual ☐ Association ☐ Corporation ☐ Partnership ☐ Other Legal Entity \_\_\_\_\_

Provide the Name, Title, and Address of each person comprising legal ownership (Owners, Officers, Local Resident Agent, etc).

**Person Directly Responsible for Facility (Manager, Person-In-Charge):**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Type Establishment:**

☐ **Restaurant** – includes, fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site, etc.

☐ **Retail Food Store** - grocery store, convenience store, meat market, etc.

Indicate Number of Checkout Stations: \_\_\_\_\_

☐ **Retail Food Store Specialty Department** – deli, bakery, seafood, etc.

☐ **Institution** – child care center, hospital, jail, nursing home, personal care home, school, etc.

☐ **ABC License** ☐ **Vending Machine(s)** ☐ **Food Bank/Food Pantry**

Meals Provided: ☐ Breakfast ☐ Lunch ☐ Dinner Services Provided: ☐ Sit Down ☐ Take Out ☐ Delivery ☐ Mail Order

Seating Capacity: \_\_\_\_\_ Average number of meals served per day: \_\_\_\_\_

☐ Yes ☐ No Serve High Susceptible Population (HSP)?

HSP includes: preschool children, child care facilities, immunocompromised or older adults, nursing home or assisted living facilities, hospitals, etc.

**Type of Operation:** Attach a sample menu or list menu on reverse. TCS means time/temperature control for safety food, those requiring time/temperature controls.

☐ **Min. Food Prep.** Minimal food preparation (i.e. coffee/tea only, popcorn, etc.)

☐ **Limited** One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 TCS. Limited hot and cold holding of TCS. Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores, Excluding specialty departments within retail food stores.

☐ **Full** Preparing TCS using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing. Extensive handling of raw ingredients. Advanced prep for next day service. Includes specialty departments in retail food stores.

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

Date Received \_\_\_\_\_ Reviewed By \_\_\_\_\_ Permit Fee \_\_\_\_\_

Permit ☐ Issued ☐ Denied Date \_\_\_\_\_ Permit No. \_\_\_\_\_ Comments \_\_\_\_\_

## Check Appropriate Category

<input type="checkbox"/>	0-20	seats	\$150.00
<input type="checkbox"/>	21-50	seats	\$300.00
<input type="checkbox"/>	51-80	seats	\$450.00
<input type="checkbox"/>	80 and over	seats	\$600.00

**\*Please note: Number of seats will be verified during regular inspections.\***

**\*\*If the permitted facility has a Liquor License from the West Virginia Alcoholic Beverage Control Administration  
An additional \$150 fee shall be added to each seating capacity amount.\*\***

**Food Service Worker Cards are required for each food employee within one week of employment.  
Copies must be available on the premises for the environmental staff to review during each inspection.**

Food Service cards must be current. The cost is \$10 for one year, \$20 for two years and \$30 for three years.

Replacement cards are \$10.00.

Classes are offered online: [www.hancockcountyhealthdepartment.com](http://www.hancockcountyhealthdepartment.com)

Or class schedules may be obtained by calling 304-564-3343.

**Please Note: A Completed Application and the enclosed Food Service Workers log sheet must be  
returned before a Permit to Operate will be issued**

**Replacement of Food Service Permit \$10.00    Re-inspection due to repeat violations \$100.00**

**\*\*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 June 30, 2026\*\*\***

**Permit Renewals Not received by June 30, 2026 are subject to Closure on July 1, 2026**