SF-5
Rev 5/08

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

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Food Establishment: Name _____ Phone _____ Fax _____
Mailing Address _____
Location _____ Hours of Operation _____

Applicant:
Name _____ Age ≥ 18? ☐ Yes ☐ No Phone _____ Fax _____
Mailing Address _____ 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 Establishment (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: ☐ Mobile or ☐ Stationary ☐ Permanent or ☐ Temporary (≤ 14 days)

- ☐ 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.
- ☐ Bar or Tavern ☐ 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 Highly Susceptible Population (HSP)?
HSP includes: preschool children, child care facilities, immunocompromised or older adults, nursing home or assisted living facilities, hospitals, etc.

Type Operation: Attach sample menu or list menu on reverse. PHF means Potentially Hazardous Food, those requiring temperature controls.

- ☐ No PHF — Prepackaged non-PHF only or limited preparation of non-PHF
- ☐ Limited — One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF. 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 PHF 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 _____

Check Appropriate Category

☐ 0-20	seats	$150.00
☐ 21-50	seats	$300.00
☐ 51-80	seats	$450.00
☐ 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.

Water Source: ☐ Private ☐ Public _____ **Sewage**: ☐ Private ☐ Public _____

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
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