



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 ≥ 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 _____



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

APPLICATION FOR A PERMIT TO OPERATE A RETAIL FOOD STORE
(Grocery, Convenience, Meat Market)

Fee for Permit per year: \$72.00 per cash register (*max 6*)

Number of Cash Registers _____ X \$72.00 = _____

Replacement of operating 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 or permit renewals after June 30, 2026

Permit Renewals not received by June 30, 2026 are subject to closure on July 1, 2026

For Health Department use only

Date received _____	Reviewed by _____	Permit No. _____	Permit _____	Issued _____	Denied _____
Date Issued _____	Expiration date _____	Comments _____			