SF-5 Rev 5/08

## West Virginia Department of Health & Human Resources Harrison-Clarksburg Department of Health



## APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Mailing Address  Location	Food Establishme			Phone	Fax	
Applicant: Name	Mailing Address					
Mailing Address						
Mailing Address	Applicant: Name	e	$Age > 18? \square Yes \square No$	Phone	Fax	
Permit Holder: Permit to be issued to:						
Ownership:						
Person Directly Responsible for Establishment (Manager, Person-In-Charge):  Name	<u>Permit Holder</u> :	Permit to be issued to: A	oplicant	ship Utner Le	gal Entity	
Person Directly Responsible for Establishment (Manager, Person-In-Charge):  Name	Ownership:	Individual	☐ Corporation ☐ Partnership	Other Legal En	tity	
Person Directly Responsible for Establishment (Manager, Person-In-Charge):  Name						
Name       Phone         Mailing Address         Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):         Name       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       Vendning 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. PH						
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The state of the state of the continuous states and in the state of th	No PHF	Prepackaged non-PHF only	or limited preparation of non-PHF			
<u>Limited</u> One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF.	Limited	One or two main menu item	ns. Cooking, cooling, reheating limite	ed to 1 or 2 PHF. I	Limited hot and cold holding of PHF.	
Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores,		Limited advanced preparation	on for next day service. Raw ingredie	ents require minim	al assembly. Includes retail food stores,	
Excluding specialty departments within 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.	Full Full			g, cooling, reheati	ng, 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.	<del>-</del> -		<b>.</b> .		C. C. C.	
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.					64 CSR 17, Food Establishments, and to	
Date Signature of Applicant	Date		Signature of Ap	plicant		
For Health Department Use Only			For Health Department Use	Only		
Date Received Reviewed By Permit Fee	Date Received	Review	wed By	Po	ermit Fee	
Permit Issued Denied Date Permit No. Comments						