SF-5 Rev 5/08

West Virginia Department of Health & Human Resources Department of Health



APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Food Establishme				_	Fax	
Mailing Address						
Location		Hours of Operation				
Amliaante Nam	_		^ ~ ~ 199 □ Vos □ N	- Dhana	Eov	
Applicant: Name	e		Age \(\ge \) 18! 1es 1N	0 Phone	Fax	
Mailing Addices				Eman		
<u>Permit Holder</u> :	Permit to be iss	sued to: A	Applicant Corporation Parti	nership Oth	er Legal Entity	
					al Entity	
Provide the Name	, Title, and Add	lress of each p	person comprising legal ownership (Owners, Officer	rs, Local Resident Agent, etc).	
Person Directly F	<u>Responsible</u> for	r Establishme	ent (Manager, Person-In-Charge):			
Name			Title		Phone	
Mailing Address						
		=	esponsible (Zone, District, Regiona	-	Dhona	
			Title		Phone	
Mailing Addices						
Type Establishme	ent: Mobil	le or Static	onary Permanent or T	Cemporary (≤ 1)	14 days)	
Restauran	nt - includes fa	ist food, catere	er, commissary, concession stand, be	d & breakfast i	nn, camp, feeding site, etc.	
	_		•		ate Number of Checkout Stations:	
	_	-	nt - deli, bakery, seafood, etc.		114111001 02 011001101110111011101110111011	
	-		il, jail, nursing home, personal care h	ome school et	to	
					ic.	
Bar or Ta			ine(s) Food Bank / Food Par			
					☐ Take Out ☐ Delivery ☐ Mail Order	
			Average number of meals serve	d per day:		
Yes No S						
HSP includes: pre	eschool children	n, child care fa	acilities, immunocompromised or old	der adults, nursi	ing home or assisted living facilities, hospitals, etc.	
Two Operations	Attach sample	a manu or list	many on reverse PHF means Pote	ntially Hazardo	us Food, those requiring temperature controls.	
No PHF	_		y or limited preparation of non-PHF	-	us roou, mose requiring temperature controls.	
=		-			TT I in ited has and and holding of DITE	
Limiteu	Limited One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF.					
			,	dients require m	ninimal assembly. Includes retail food stores,	
_			ments within retail food stores.			
Full Full	Preparing PF	IF using two o	or more of the following steps: cook	ing, cooling, re	heating, hot or cold holding, freezing, or thawing.	
	Extensive ha	ndling of raw	ingredients. Advanced prep for nex	t day service. I	includes specialty departments in retail food stores.	
I hereby certify the	at the above inf	formation is ac	courate Further Lagree to comply y	with Legislative	Rule 64 CSR 17, Food Establishments, and to	
			ablishment and to records as specifie		Rule 04 Cor 17, 1 coa Estadioniditio, and to	
-	-		, and the second			
Date	Signature of Applicant					
			For Health Department U	Jse Only		
Data Pagaived		Revie	_		Permit Fee	
Date Received		Kevie	жси Бу		Fernit Fee	
Permit	☐ Denied	Date	Permit No		Comments	