



MCHD ENVIRONMENTAL

453 Van Voorhis Rd Morgantown, WV 26505 Phone: 304-598-5131 Fax: 304-598-5122



APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

FOOD ESTABLISHMENT NAME: _____ Telephone _____

Mailing Address _____

Location _____ Hours of Operation _____

E. Mail Address _____ Fax _____

APPLICANT NAME: _____ Age >18? Yes No Telephone _____

Mailing Address _____

PERMIT TO BE ISSUED TO: Applicant Other Legally Responsible Entity: _____

OWNERSHIP: Individual Association Corporation Partnership Other Legal Entity

Names, titles & addresses of persons comprising legal ownership (continue on reverse if necessary):

PERSON DIRECTLY RESPONSIBLE FOR ESTABLISHMENT (MANAGER, PERSON-IN-CHARGE): (24 HOUR CONTACT NUMBER)

Name _____ Title _____ Telephone _____

REPRESENTATIVE THAT HAS SUCCESSFULLY COMPLETED MCHD MANAGER'S TRAINING CLASS:

Name _____ Title _____

IMMEDIATE SUPERVISOR OF PERSON DIRECTLY RESPONSIBLE (ZONE, DISTRICT, REGIONAL SUPERVISOR):

Name _____ Title _____ Telephone _____

Address _____

ESTABLISHMENT TYPE:

Restaurant (includes fast food, caterer, commissary, concession stand, bed & breakfast inn, organized camp, feeding site)

Retail food store (grocery store, convenience store, meat market) No. of Checkout Stations: _____

Retail food store specialty dept. (deli, bakery, or seafood)

Institution (hospital, jail, school, child care center, adult care center, nursing home, personal care home)

Bar or Tavern (primary business is the serving of alcohol, not food)

Vending Machine (serving potentially hazardous foods) Food Bank

Establishment is Mobile or Stationary And Permanent or Temporary (<14 days)

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

Seating Capacity _____ **Average number of meals served per day** _____

TYPE OF OPERATION: (PHF = potentially hazardous food; foods that require refrigeration.)

No PHF Prepackaged non-PHF only or limited prep of non-PHF.

Limited 1 or 2 main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF. Limited advance prep for next day service. Raw ingredients require minimal assembly. Includes retail food stores (excluding specialty depts.)

Full Preparing PHF using 2 or more steps which may include cooking, cooling, reheating, hot and cold holding, freezing, or thawing. Extensive handling of raw ingredients. Advance prep for next day service. Includes retail food store specialty depts.

Yes No Does operation serve a highly susceptible population? (preschool children or immunocompromised or older adults such as day care centers; hospitals; nursing homes; or personal care homes.)

The establishment menu must be attached or listed on the reverse side

I hereby certify that the above information is accurate. Further, I agree to comply with WV Legislative Rule 64 CSR 17, all applicable Monongalia County Board of Health rules, and to allow the regulatory authority access to the establishment and to records as specified therein.

Date _____ **Signature of Applicant** _____