



**West Virginia Department of Health and Human Resources
APPLICATION FOR A PERMIT TO OPERATE A FOOD MANUFACTURING FACILITY**

Food Facility Name _____
 Phone _____ Fax _____
 Mailing Address _____
 Physical Address _____
 County _____

Applicant Name _____ Age ≥ 18? Yes No
 Mailing Address _____
 Email _____

Permit Holder Applicant Corporation Partnership Other _____
Ownership Individual Association Corporation Partnership Other _____

Person Directly Responsible for Facility Name _____ Title _____
 Mailing Address _____
 Phone _____

Type of Facility – Check all that apply and list products (use separate piece of paper if necessary)

Manufacturer Products: _____
 Warehouse Products: _____
 Repacker Products: _____

Products sold Interstate only Intrastate only Both intrastate and interstate

Days and Hours of Operation _____

Facility Size (Gross Sales) _____

Size	Gross Sales	Fee
1	\$0.00 to \$7,499.00	\$35.00
2	\$7,500.00 to \$14,999.00	\$70.00
3	\$15,000.00 to \$24,999.00	\$100.00
4	\$25,000.00 to \$49,999.00	\$200.00
5	\$50,000.00 to \$99,999.00	\$300.00
6	\$100,000.00 to \$499,999.00	\$400.00

Size	Gross Sales	Fee
7	\$500,000.00 to \$999,999.00	\$500.00
8	\$1,000,000.00 to \$4,999,999.00	\$600.00
9	\$5,000,000.00 to \$9,999,999.00	\$700.00
10	\$10,000,000.00 to \$24,999,999.00	\$800.00
11	\$25,000,000.00 to \$49,999,999.00	\$900.00
12	Greater than \$50,000,000.00	\$1,000.00

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64CSR43, Food Manufacturing Facilities, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date _____ **Name** _____

Checks should be made payable to the WVDHHR. This application, the top portion of the invoice, and the required registration fee must be mailed to: Office of Environmental Health Services/Public Health Sanitation Division, 350 Capitol Street, Room 313, Charleston, West Virginia 25301-3713

For Health Department use only

Date Received		Reviewed By		Permit Fee	
Date Permit Issued		Permit Number			