



SS-49A Rev 04/02

# State of West Virginia

## Berkeley County Health Department

800 South Queen Street, Martinsburg, West Virginia 25401



### APPLICATION FOR PERMIT FOOD SERVICE ESTABLISHMENT

Application is hereby made for a permit to operate a:

- Food Service Establishment     Food Manufacturing Establishment     Grocery Store / Meat Market

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Name of Owner / Corporation: \_\_\_\_\_

Address of Corporation: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Contact Person (*Manager*): \_\_\_\_\_ Telephone: \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_

Type of Establishment:

- Full-Time, Full Service  
 Convenience Store  
 Carry-Out Only  
 Temporary  
 Tavern (*beer only*)  
 Private Club (*beer and liquor*)

Number of Seats in Establishment: \_\_\_\_\_  
Number of Parking Spaces if Carry-Out Only: \_\_\_\_\_

#### Schedule of Operation:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours Open for Business per Week
Open								
Close								
Total Hours								

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date of Application*

- Owner     Agent

#### FOR HEALTH DEPARTMENT USE ONLY

##### GENERAL INFORMATION

Application:  
Date Received: \_\_\_\_\_  
Date Fee Received: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_  
Submission of Plans (if necessary):  
Date Received: \_\_\_\_\_  
Inspection Date: \_\_\_\_\_

##### Departmental Action

Permit Number: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Issued By: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Permit Denied Date: \_\_\_\_\_  
Permit Reinstatement Date: \_\_\_\_\_  
Reinstated By: \_\_\_\_\_  
Other Legal Action Taken (*Specify*): \_\_\_\_\_