



**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			