

Monongalia County Health Department

Public Health Environmental Health Services 453 Van Voorhis Road Morgantown, WV 26505 Phone (304) 598-5131 Fax (304) 598-5122



Non-Profit Exemption Application

§16-6-3. Hotel and restaurant defined; hotels and restaurants not subject to provisions of article.

For the purpose of this article, every building where food and lodging are usually furnished to guests and payment required therefor shall be deemed a hotel, and every place where food without lodging is usually furnished to guests and payment required therefor shall be deemed a restaurant. But the provisions of this article, except those of sections twenty and twenty-two, shall not apply to any hotel wherein there are fewer than ten bed chambers, nor to any hotel known as a "summer hotel" which is not open for guests from November fifteenth to May fifteenth. The provisions of this article shall not apply to temporary food sales, not exceeding two weeks in length, by religious, educational, charitable or nonprofit organizations. (1913, c.8, §§ 3, 24; Code 1923, c. 15N, § 3, 24; 1966, c.35.)

Certain organizations exempted. The removal, by the legislature, of temporary food sales, not exceeding two weeks in length, by religious, educational, charitable or nonprofit organizations, makes inapplicable the provisions of the West

Virginia food service sanitation regulation to such organizations. This would be true when such sales are conducted by the exempt organization in connection with carnivals, church activities, banquets, fairs, etc., involving the community and public. Op. Att'y Gen., Jan 9, 1970. ______, certify that I have read and understand the section of the West Virginia Code noted above and hereby claim exemption from the requirements of the West Virginia Food Service Sanitation Regulations. My organization's identity and status is: Circle One: Religious Educational Non-profit Charitable Organization: 501(C)3 #: Address: _____ Phone #: _____ Event Name: _____ Event Date(s): Signature of Agent or Member: ______ Date: ______ Date: _____ Signature of MCHD Agent: ______ Date: _____