# INSPECTION REQUEST
# LIMITED USE CONCESSIONS
**(CONCESSION FACILITES USED 15 DAYS OR LESS PER YEAR)**

****NOT TO BE USED FOR MOBILE FOOD UNITS****

**FORM MUST BE COMPLETED OR REQUEST WILL BE RETURNED.**

**CURRENTLY, THERE IS NO FEE ASSOCIATED WITH THIS REQUEST.**

PLEASE MAIL REQUEST TO:

Office of the State Fire Marshal
Attn: Inspections Division
1700 MacCorkle Avenue SE, 4th Floor N
Charleston, WV 25314

**OR**

EMAIL YOUR REQUEST TO:

SFMInspections@wv.gov

I am requesting a fire safety inspection for the limited use concession facility listed below:

NAME OF FACILITY: _____

SECONDARY NAME (IF APPLICABLE):_____

ADDRESS OF FACILITY):_____

COUNTY OF FACILITY:_____

CONTACT PERSON: _____

CONTACT PHONE:_____

ALTERNATE PHONE:_____

By Signing this document, I confirm that this facility is used 15 days per calendar year or less for concessions: _____

(Signature) (Date)

Updated: 11/07/25