

Application for License To Operate a Temporary Park-Camp

		License valid	From:
			To:
Camp Name		Health District	
Street Address		<p align="center">Directions: (please print)</p> <p>1. Complete <u>one application</u> for each licensed establishment;</p> <p>2. Sign and Date the application</p> <p>3. Attach a check or money order and return according to the information listed below.</p>	
City/Zip			
Phone #	Phone #		
Owner/ Licensee			
Street Address			
City/ State /Zip			
Phone #	Phone #		
# of camp sites per approved plans	Water Supply : [] Community [] Other:		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name	Phone #
Address	
City/Zip	

I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Phone #	Date
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Check or money order for the license fee, payable to:

Return the fee and application to:

<i>(Licensor to complete: either pre-printed, or with a label or stamp)</i>	Health District	
	Street address	
	City	
	Zip	Phone #

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

License fee	Total amount due
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Application approved for license as required by Section 3729 of the Ohio Revised Code.

By	Date
Audit No.	License No.