

# Application for License To Operate a Temporary Park-Camp

License valid	From:
	To:

<b>Camp Name</b>		<b>Health District</b>	
Street Address		<p align="center"><b>Directions: (please print)</b></p> <p><b>1. Complete <u>one</u> application for each licensed establishment;</b></p> <p><b>2. Sign and Date</b> the application</p> <p><b>3. Attach a check or money order and return</b> according to the information listed below.</p>	
City/Zip			
Phone #	Phone #		
<b>Owner/ Licensee</b>			
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.