

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 |
|-----------|---------|------|

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 |
|--------------------|-------------------------|

Application approved for license as required by Section 3729 of the Ohio Revised Code.

| | |
|-----------|-------------|
| By | Date |
| Audit No. | License No. |