

Application for License To Operate a Temporary Park-Camp

License valid	From: / /
	To: / /

Camp Name		Health District LICKING COUNTY HEALTH DEPARTMENT	
Street Address		<p style="text-align: center;">Directions: (please print)</p> <ol style="list-style-type: none"> 1. Complete <u>one application</u> for each licensed establishment; 2. Sign and Date the application 3. Attach a check or money order and return according to the information listed below. 	
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:

LICKING COUNTY HEALTH DEPARTMENT	Health District LICKING COUNTY HEALTH DEPARTMENT	
	Street address 675 PRICE ROAD	
	City NEWARK	
	Zip 43055	Phone # 1-740-349-6535

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

License fee 160.00	Total amount due 160.00
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Application approved for license as required by Section 3729 of the Ohio Revised Code.

By	Date
Audit No.	License No. 16