

Permit Number: \_\_\_\_\_

Fee Paid \_\_\_\_\_

**APPLICATION FOR A LICENSE TO CONDUCT  
A RECREATIONAL CAMP FOR CHILDREN**

(All permits expire December 31)

Camp Name: \_\_\_\_\_ Site Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Site Telephone: \_\_\_\_\_

**Camp Owner's Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Camp Operator's Information (If different from Owner)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Health Care Consultant's Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Type of Camp: Day  Residential   
Number of Campers: \_\_\_\_\_

Dates of Operation: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_

<input type="checkbox"/> Swimming Pool – Permit # _____	<input type="checkbox"/> Inspected – Date _____
<input type="checkbox"/> Bathing Beach _____	<input type="checkbox"/> Tested – Date _____
<input type="checkbox"/> Food Provided – Permit # _____	<input type="checkbox"/> Inspected – Date _____
<input type="checkbox"/> ServeSafe Certification Manager: _____	

(Please Attach Copy of Certificate)

Type of Service: \_\_\_\_\_ # of Meals Served Daily: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Official Title: \_\_\_\_\_

Date: \_\_\_\_\_