

Application for License To Operate a Campground

- Recreational Vehicle Park
- Recreation Camp
- Combined Park-Camp

An annual license fee determined by the licensor in accordance with section 3709.09 of the Ohio Revised Code may be levied upon each facility for the operation costs associated with enforcement of the program rules. Any such fee or portion of any such fee retained by the licensor shall be paid into a special fund and used only for the purpose of administering and enforcing the program under the Ohio Revised and Administrative Codes.

For license renewal, return the completed application before May 1st pursuant to section 3729.05 (A)(1) of the Ohio Revised Code. If payment of a fee established under section ORC 3709.09 (D) is not postmarked or received by the day on which payment is due, the board of health shall assess a penalty. The amount of the penalty shall be equal to twenty-five per cent of the applicable fee. The applicable fee applies to the local fee only.

| | | |
|--|--|---|
| Park/Camp Name | | Health District MORROW COUNTY HEALTH DISTRICT |
| Street Address | | Directions: (please print) 1. Complete one <u>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 park /camp sites per approved plans | Water Supply: [] Community [] On site [] Other | |

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

Name _____ Phone # _____

| | | |
|--|---------------|------------|
| 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 license fee payable to:

MORROW COUNTY HEALTH DEPARTMENT

Return the fee and application to:

| | |
|--|--------------------------|
| Health District MORROW COUNTY HEALTH DISTRICT | |
| Street address 619 W. MARION RD | |
| City MT. GILEAD | |
| Zip 43338 | Phone# 1-419-947-1545 |

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

| | | | |
|-------------------|-------------------|------------|------------------|
| License fee (LHD) | State program fee | Late fee 1 | Total amount due |
| \$ _____ + | \$ _____ + | \$ _____ = | \$ _____ |

¹ If the license fee is not post marked by the application due date a 25% penalty-late fee shall be assessed.

Application approved for license as according to the applicable sections of the Ohio Revised Code.

| | | |
|-------------------------|-----------------------------------|-----------------------|
| Processor: _____ | Date received: _____ | Date processed: _____ |
| License Audit No. _____ | Health District License no. _____ | |