

MORROW COUNTY HEALTH DISTRICT
619 W. MARION RD MT.
GILEAD, OH 43338
1-419-947-1545

APPLICATION FOR PERMISSION TO OPERATE
A RESIDENT CAMP OR DAY CAMP
For The 2017 License Year

Name of Camp ----- Phone -----

I/We _____

Mailing Address _____

hereby apply for permission to operate a camp in MORROW COUNTY HEALTH

PLEASE CHECK TYPE OF CAMP

- Resident Camp Day Camp
 Primitive Resident Camp Primitive Day Camp
 OEPA Water Supply OEPA Wastewater

Camp Location; _____

Contact/Phone -----

I agree to comply with applicable sections of rules 3701-25-01 to 3701-25-22, inclusive, of the Ohio Administrative Code.

Applicant _____ Date -----

For license renewal return the completed application by December 31. A 25% penalty fee shall be imposed for failure to comply.

License Fee	Fee Description
115.00	RESIDENT/DAY CAMP

TO BE COMPLETED BY THE HEALTH DISTRICT

Written Authorization given _____

Authorization number _____

Sanitarian _____

RETURN TO: MORROW COUNTY HEALTH DISTRICT
619 W. MARION RD
MT. GILEAD, OH 43338