

# Application for License To Operate a Temporary Park-Camp

License valid	From: / /
	To: / /

Camp Name		Health District MORROW COUNTY HEALTH DISTRICT	
Street Address		<p style="text-align: center;"><b>Directions: (please print)</b></p> <ol style="list-style-type: none"> <li><b>1. Complete <u>one application</u> for each licensed establishment;</b></li> <li><b>2. Sign and Date</b> the application</li> <li><b>3. Attach a check or money order and return</b> according to the information listed below.</li> </ol>	
City/Zip			
Phone #	Phone #		
Owner / Licensee			
Street Address			
City/ State/ Zip			
Phone #	Phone #		
# of camp sites per approved plans	Water Supply: <input type="checkbox"/> Community <input type="checkbox"/> 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:**

( Licenser to complete; either pre-printed, or with a label or stamp)  <b>MORROW COUNTY HEALTH DEPARTMENT</b>	Health District <b>MORROW COUNTY HEALTH DISTRICT</b>	
	Street address <b>619 W. MARION RD.</b>	
	City <b>MT. GILEAD</b>	
	Zip <b>43338</b>	Phone # <b>1-419-947-1545</b>

**LOCAL LICENSING AUTHORITY TO COMPLETE BELOW**

License fee <b>90.00</b>	Total amount due <b>90.00</b>
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**Application approved for license as required by Section 3729 of the Ohio Revised Code.**

By	Date
Audit No.	License No.