

# Application for License To Operate a Temporary Park-Camp

		License valid	From:
			To:
<b>Camp Name</b>		<b>Health District</b>	
Street Address		<b>Directions: (please print)</b> <b>1. Complete <u>one</u> application for each licensed establishment;</b> <b>2. Sign and Date the application</b> <b>3. Attach a check or money order and return according to the information listed below.</b>	
City/Zip			
Phone #	Phone #		
<b>Owner/ Licensee</b>			
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
-----------	---------	------

**Check or money order for the license fee, payable to:**

**Return the fee and application to:**

Cuyahoga County Board of Health	Health District	
	Cuyahoga County Board of Health	
	Street address	
	5550 Venture Drive	
	City	
	Parma, Ohio	
	Zip	Phone #
	44130	(216)201-2000

**LOCAL LICENSING AUTHORITY TO COMPLETE BELOW**

<b>License fee</b>	<b>Total amount due</b>
\$130.00	\$130.00

**Application approved for license as required by Section 3729 of the Ohio Revised Code.**

By	Date
Audit No.	License No.