

HARRISON COUNTY GOVERNMENT CENTER

DISTRICT HEALTH DEPARTMENT – SUITE G

538 North Main Street *Cadiz, OHIO 43907

Telephone (740) 942-2616

Facsimile (740) 942-9331

2016 APPLICATION FOR PERMISSION TO OPERATE A CAMP

Health District: Harrison County General Health Department **FEE: \$90.00**

Name of Camp: _____

Site Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** (____) _____ - _____

Owner/Operator: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** (____) _____ - _____

Type of Camp: _____ **Day Camp** _____ **Primitive Day Camp**
_____ **Resident Camp** _____ **Primitive Resident Camp**

Directions to Camp (include starting point): _____

I/we agree to comply with the applicable sections of regulations HE-25-01 to HE-25-43, inclusive of the Ohio Sanitary Code.

Applicant's Signature

Date

Do not write below this line. To be completed by Licensor.

Written Authorization given: _____ **yes** _____ **no**

Authorization Number: _____

Approving Sanitarian: _____