

**CARROLL COUNTY HEALTH DEPARTMENT
P.O. BOX 98
CARROLLTON, OH 44615
(330) 627-8022**

**APPLICATION FOR PERMISSION TO OPERATE
A RESIDENT CAMP OR DAY CAMP**

DUE BY: JANUARY 1, 2010

FEE DUE: \$150.00

Name of Camp: _____

Owner/Operator: _____

Mailing Address: _____

_____ **Phone#:** _____

Hereby apply for permission to operate a camp in the Carroll County Health District.

PLEASE CHECK TYPE OF CAMP

Primitive Resident Camp _____

Primitive Day Camp _____

Resident Camp _____

Day Camp _____

Camp Address : _____

_____ **Phone #:** _____

Township: _____

I agree to comply with applicable sections of rules 3701-25-01 to 3701-25-43, inclusive, of the Ohio Administrative Code.

APPLICANT: _____ **DATE:** _____

TO BE COMPLETED BY THE HEALTH DEPARTMENT

Written authorization given: _____ Permit Number: _____

Sanitarian _____