

**Ohio Department of Health
Application for License
To Operate a Temporary Park-Camp**

Valid _____ Through _____

License Fee _____

Temporary Park-Camp	Health District
Location	Name of Licensee
City	Address of Licensee
No. of Units (75 maximum)	Telephone No. of Licensee

I hereby certify that I am the operator, or authorized representative of the temporary park-camp indicated above.

Date _____ Signed _____

Do not fill in below this line

Application approved for license and certification as required by Section 3733.03 and 3733.04 of the Ohio Revised Code.

By _____ Date _____ Audit No. _____ License No. _____