

Ohio Department of Health

Application for License To Operate a Temporary Park-Camp

Valid _____ Through _____

License Fee \$75.00

Temporary Park-Camp	Health District
Location	Name of Licensee
City	Address of Licensee
No. of units	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. _____