

**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. \_\_\_\_\_