

Ohio Department of Health

**Application for License  
To Operate a Temporary Park-Camp**

Valid \_\_\_\_\_ Through \_\_\_\_\_  
License Fee **\$125.00**

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 the 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 3729.05 of the Ohio Revised Code.

By \_\_\_\_\_ Date \_\_\_\_\_ Audit No. \_\_\_\_\_ License No. \_\_\_\_\_