** Somerset County Health Department**

8928 Sign Post Road, Suite 2, Westover, Maryland 21871

443.523.1700 • Fax 410.651.5680 • TDD 1-800-735-2258

Health Officer Lori Brewster, MS, APRN/BC, LCADC

**Fee: $200** Permit No. \_\_\_\_\_\_\_\_\_\_\_

Date Issued \_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_

**APPLICATION FOR PERMIT TO OPERATE A CAMP**

An application is hereby made for a permit to operate a Camp, in accordance with the regulations of the Maryland State Department of Health and Mental Hygiene governing such establishments.

***PLEASE PRINT OR TYPE***

Owner or Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operating as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Number of Campers: Male \_\_\_\_\_\_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Opening Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Rooms in Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Structures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Official Use Only**

Approved: ( ) yes ( ) no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Department Signature