



Public Health
Prevent. Promote. Protect.
Somerset County
Health Department

Somerset County Health Department
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Health Officer Danielle Weber, MS, RN

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