

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF PUBLIC HEALTH

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Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

APPLICATION FOR ANNUAL PERMIT TO OPERATE AN ORGANIZED CAMP

Application is hereby made for a permit to operate. By this application it is agreed that the Organized Camp will comply with the provisions of the Office of Public Health's Rules and Regulations applicable to this Organized Camp. It is further agreed that said Organized Camp shall be open to inspection by the Office of Public Health.

Application for permit renewal shall be received by this office at least one month before expiration date of the existing permit. The permit is not transferable.

Send check or money order made payable to the "TREASURER OF MONTGOMERY COUNTY" with the completed application to the above checked office. DO NOT SEND CASH. Please refer to our fee schedule at www.montcopa.org/healthfeeschedule

PLEASE PRINT

License # _____

Camp Name:		
Physical Location of Camp:		
Camp Mailing Address:		
Camp Phone Number:		Municipality:
Owner's Name:	Owner's Phone Number:	Owner's E-mail:

ANTICIPATED MAXIMUM DAILY CAMP POPULATION:

Number of Camp Staff:	Number of Children Campers:
Food Service Provided (circle one): YES NO	Number of Adult Campers:

DATES OF OPERATION:

Date Staff Arrives:	Date Camp Opens:	Date Camp Closes:
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OFFICE USE ONLY

Approved by:	New License Expiration Date:
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I, _____, hereby certify that the facts set forth on this application are true and correct to the best of my knowledge. I understand that the submission of false or misleading information is grounds for suspension or revocation of said permit.

Signature of Owner or Authorized Agent

Date of Signature

Title of Above Signature

OPH 05/2018

