

Ohio Department of Health

Application for License Valid \_\_\_\_\_ Through \_\_\_\_\_  
To Operate a Temporary Park-Camp License Fee **\$40.00**

Temporary Park-Camp	Health District <b>Crawford County General Health District</b>
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 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. \_\_\_\_\_

HEA 5336 (2/92)

**Please complete the highlighted sections above and sign and date the application. Return to our department at least one (1) week prior to your event.**