

Ohio Department of Health
**Application for License
To Operate a Temporary Park-Camp**

Valid _____ Through _____
License Fee \$98.15

Temporary Park-Camp	Health District Crawford County General 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 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 3729.05 of the Ohio Revised Code.

By _____ Date _____ Audit no. _____ License No. _____