



Camp Permit Application

*A license to operate a Youth Camp is required of each operator whether or not he is the owner of the camp.

*A license to operate a Youth Camp is required *annually*.

*A separate application shall be made and license obtained for each camp.

*No Youth Camp shall be operated without first obtaining a license.

*A fee of \$100.00 is required for license. (Exempt for Non-Profit Groups with proof of Non-Profit status)

**THIS APPLICATION WILL NOT
BE PROCESSED UNLESS
COMPLETED IN FULL
(please print and use ball point pen)
FEES ARE NON-REFUNDABLE
*Current Permit NOT Transferable***

Date: _____

Camp Name: _____

County: _____

Name of Camp Owner: _____

Mailing Address _____ State _____ Zip Code _____

Telephone(s): _____

Camp Mailing Address: _____ State _____ Zip Code _____

Date(s) of Operation of Camp: _____

Do You Plan to Lease or Rent the Camp to any other Organizations? Yes No

Name and Address of Organization(s) who will use Camp.

Dates of Operations:

How many People can the Camp Accommodate? _____ Campers _____ Staff

Does the Camp have a Central Kitchen? Yes No

Does the Camp have a Swimming Pool? Yes No

What kinds of Animals are in Camp? _____

Do Dogs have current rabies vaccinations? Yes No

Has there been any New Construction
or Remodeling since the last inspection? Yes No

Water Supply Source: (**submit laboratory report**)

_____Spring _____Well _____Lake _____Stream _____Municipal

Type of Sewage Disposal System:

_____Septic Tanks _____Municipal System

_____Treatment Plant _____Privies

Method of Garbage and Refuse Disposal:

_____Haul to Sanitary Landfill _____Municipal Service _____Commercial Service

The undersigned hereby makes application for a License to operate a Youth Camp:
(check as applicable)

Owner _____ Lessee _____

Enclose \$100.00 fee for licensing.

Make checks payable to: Apache County Public Health Services District

For Non-Profit Exemption, please submit proof of Non-Profit status

To the best of my knowledge the facilities conform to the requirements of the law, and rules and regulations of the Arizona Department of Health Services. The camp will be operated in accordance with this law and rules and regulations of the Arizona Department of Health Service.

Signed: _____ Date: _____

Print or Type Name: _____ Title: _____

Address: _____

Phone: _____

- Please enclose a map and/or directions to the camp.
- Please explain driving directions:

The following is for use by ACPHSD as acknowledgement of application, application approval/denial and/or comments.

APPROVED:

YES NO

Approved By: _____ Date: _____

Additional information needed:

Approval with reservations:

Questions:

For Official Use Only

Received by: _____

Date Received: _____

Receipt # _____

Cash or Check: _____

Check No: _____