



11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050

www.knoxhealth.com

Phone 740-392-2200
Fax 740-392-9613

CAMP APPLICATION PERMISSION TO OPERATE

Instructions:

1. Complete the application
2. Sign and Date
3. Return the completed and signed application with the required fee to:
(Make check or money order payable to Knox County Health Department)

**Knox County Health Department
11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050**

(Check only one)

- Day Camp Primitive Day Camp Resident Camp Primitive Resident Camp

Camp Information

Name of Camp		Camp Phone Number
Address of Camp		
City	State	Zip Code
Name of Camp Operator		
Address of Camp Operator		Camp Operator Phone Number
City	State	Zip Code

Person to contact regarding inspections, maintenance, or emergencies

Name		Phone Number
Address		
City	State	Zip Code

I hereby certify that I am the operator, or authorized representative of the camp indicated above.

Signature

Date

For Office Use Only

Permission to operate granted in accordance with applicable sections of OAC 3701-25-01 to 3701-25-22

By	Date
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