

APPLICATION FOR ANNUAL LICENSE FOR CAMPGROUNDS, ORGANIZED CAMPS AND MANUFACTURED HOME PARKS

Instructions: Please complete all sections of the application and attach plans and specifications. Send the completed application to:

**Erie County Department of Health
606 West Second Street
Erie, PA 16507**

Phone: 814/451-6700 • Fax: 814/451-6775

Note: A permit/certificate will not be issued until the following requirements are met:

- The application is fully completed.
- Submitted plans have been reviewed and approved by the Department.
- Application fee of \$130.00 has been submitted. **LATE SUBMITTAL:** Any application submitted within seven days prior to the opening of the business is subject to an additional \$25.00 rush fee.
- The facility complies with all applicable regulations.
- A complete inspection is conducted by the Department.
- Payment for permit/certificate is received prior to the opening date.

SECTION A - DESCRIPTION	
1. This application is for:	<input type="checkbox"/> New Facility <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Expansion/Renovation
2. Type of Service (check all that apply):	<input type="checkbox"/> Campground <input type="checkbox"/> Organized Camp <input type="checkbox"/> Manufactured Home Park
	No. of lots/spaces: _____
Kitchen Facility: <input type="checkbox"/> Yes <input type="checkbox"/>	No Retail Food Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No (Requires separate permit)
3. Establishment Information:	
Name of Facility _____	Phone _____
Address _____	Fax/E-mail _____
_____ Zip _____	
Responsible Person, Operator or Manager _____	
4. Renovation or Construction Date:	
Anticipated Start Date _____	Anticipated Completion Date _____ <input type="checkbox"/> N/A
SECTION B - OWNER INFORMATION	
1. Type of Ownership:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Other (specify) _____
2. Owner's Name	
3. Chief Officer's Name (if applicable)	
4. Title	
5. Business Address or Home Address	
	Zip
6. Phone	
7. Where should all future correspondence be mailed? Please check one.	
<input type="checkbox"/> Establishment address in Section A-3 <input type="checkbox"/> Business address in Section B	
Department Use Only	
License Due Date _____	Fee Classification _____
Plans Reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	Total _____
Plans Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Reviewed _____

TYPE OF WATER SUPPLY

Municipal: Yes No If no, complete the following:

Name of Public Water Supplier _____

Is there presently a public water supply identification number for this facility? Yes No

If yes, PWS # _____

Has a non-community water supply Brief Description Form been completed? Yes No

Type of Well: Drilled Dug

Is disinfection provided? Yes No

TYPE OF SEWAGE DISPOSAL

Municipal: Yes No If no, complete the following:

On-Lot: Yes No Type of System _____

Have City/Township/Borough zoning requirements been met? Yes No

Have City/Township/Borough code requirements (electrical, plumbing, building, etc.) been met? Yes No

PA sales tax and use license or exemption certificate: Applied for _____ Received / # _____

Name of garbage and trash collector _____

Application is hereby made for a permit/certificate to operate the described facility. By this application it is agreed that the facility will comply with all applicable ordinances and regulations including the requirement that I contact the Erie County Department of Health **before** starting any construction, renovations or major equipment purchase. It is further agreed that said establishment shall be open to inspection by the Erie County Department of Health. I also understand that the permit/certificate issued is NOT TRANSFERABLE. I hereby certify that I have applied for a sales and use tax license or exemption from the Pennsylvania Department of Revenue as of the date of this application. I also understand that any false representation is subject to penalty under 18 Pa. C.S. §4903 and 4904.

Signature

Title

Date