



**CECIL COUNTY  
HEALTH  
DEPARTMENT**

JOHN M. BYERS HEALTH CENTER • 401 BOW STREET • ELKTON, MD 21921

STEPHANIE GARRITY M.S., HEALTH OFFICER

WWW.CECILCOUNTYHEALTH.ORG

Please remit fee of \$\_\_\_\_\_ with your Application and Worker's Compensation Form. Include any applicable late fee.

Application is hereby made for a Permit to operate a **Camp** in accordance with Maryland State Department of Health and Mental Hygiene Regulation 10.16.03 **"Rules and Regulations Governing Camps"**.

Pd. \$ \_\_\_\_\_  
Rcvd: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
W/C: \_\_\_\_\_

**PLEASE PRINT OR TYPE AND RETURN**

Name of Camp: \_\_\_\_\_ Phone No. \_\_\_\_\_

Camp Mailing Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone No. \_\_\_\_\_  
( ) Owner ( ) Agent

Applicant Mailing Address: \_\_\_\_\_

Exact Location of Camp: \_\_\_\_\_

Type of Camp: ( ) Picnic ( ) Tourist ( ) Labor ( ) Religious  
( ) Recreation ( ) Other – Describe \_\_\_\_\_

Number of Vehicles/Sites to be Accommodated: \_\_\_\_\_  
OR

Number of Persons to be Accommodated: \_\_\_\_\_

Date of Opening: \_\_\_\_\_ Date of Closing: \_\_\_\_\_

Water Supply: ( ) Private-Number of Wells \_\_\_\_\_  
( ) Public Community ( ) Public Non-Community Transient

Sewage Disposal: ( ) Public ( ) On-Site

Method of Trash Disposal: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
( ) Owner ( ) Agent

**DO NOT FILL IN BELOW THIS LINE – FOR OFFICE USE ONLY**

Permit Number: **07-** \_\_\_\_\_ ( ) PCO ( ) PVT  
Date issued: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Plant I. D. # 107- \_\_\_\_\_

Application: ( ) Approved ( ) Disapproved

By: \_\_\_\_\_ Date: \_\_\_\_\_ Assigned Inspector: \_\_\_\_\_

ID # \_\_\_\_\_

Rev. 7/24/2015

**Healthy People. Healthy Community. Healthy Future.**

ADMINISTRATIVE SERVICES.....410-996-5550	ENVIRONMENTAL HEALTH SERVICES.....410-996-5160
ALCOHOL AND DRUG RECOVERY CENTER.....410-996-5106	HEALTH PROMOTION.....410-996-5168
EMERGENCY PREPAREDNESS.....410-996-5113	MENTAL HEALTH AND SPECIAL POPULATIONS SERVICES.....410-996-5112
COMMUNITY HEALTH SERVICES.....410-996-5130	TTY USERS FOR DISABLED: MARYLAND RELAY.....800-201-7165
DISEASE CONTROL.....410-996-5100	EN ESPAÑOL.....410-996-5550 EXT 4680

CECIL COUNTY HEALTH DEPARTMENT TOLL FREE. ....877-334-9985