

## 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**

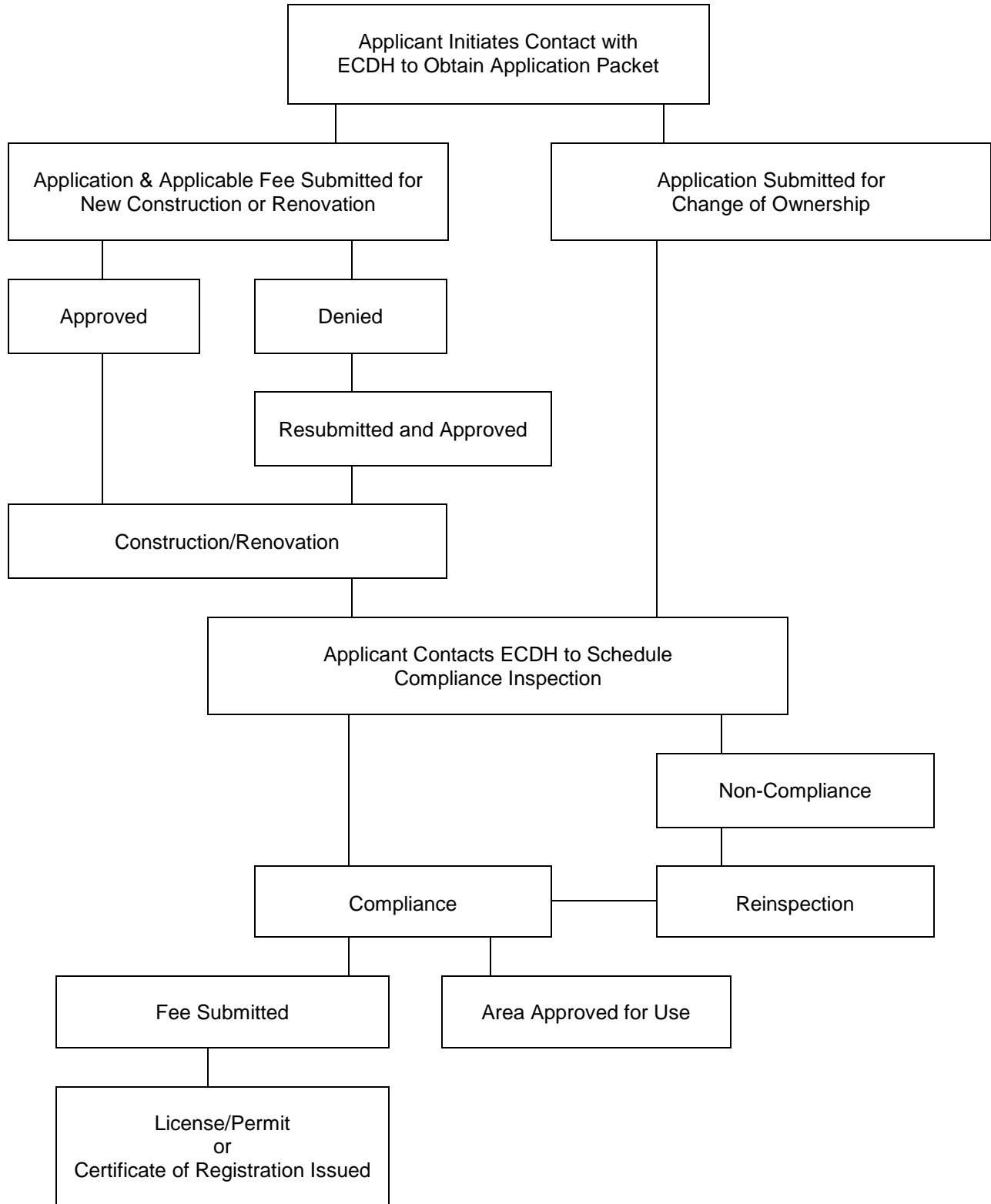
**Note:** A permit/certificate will not be issued until the following requirements are met:

- 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      No Retail Food Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No      Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Requires separate permit)</small>
3. Establishment Information:	Name of Facility _____ Phone _____ Address _____ Fax/E-mail _____ _____ Zip _____ Responsible Person, Operator or Manager _____
4. Renovation or Construction Start Date: _____	Anticipated Completion Date: _____ Change of Ownership Date: _____ Former Name of Facility: _____ <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	_____ _____
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



# FLOW CHART



**Note:** **LICENSES ARE NOT TRANSFERABLE.** When there is a change of ownership or a business moves to a new location, this plan review process must occur and new licenses must be obtained.