



Montgomery County Department of Health and Human Services

Licensure & Regulatory Services

2425 Reddie Drive, 9th Floor, Wheaton, Maryland 20902

Phone: 240-777-3986 / Fax: 240-777-3088 or 240-777-4531

www.montgomerycountymd.gov/licensure

RECREATIONAL CAMP LICENSE

APPLICATION

A COPY OF THE USE AND OCCUPANCY CERTIFICATE

A COPY OF THE CURRENT FIRE PERMIT

A COPY OF THE WORKERS' COMPENSATION CERTIFICATE OF LIABILITY **or**
CERTIFICATE OF COMPLIANCE



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RECREATIONAL CAMP LICENSE APPLICATION

LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON

New Renewal Change of Location Today's Date:

Name of Camp:

ADDRESS:

Street #: Street Name: Suite #:
 City: State: Zip Code:

Telephone #: Fax #: Federal Tax ID #:

Email Address (REQUIRED):

MAILING ADDRESS (IF DIFFERENT):

Street #: Street Name: Suite #:
 City: State: Zip Code:

Owner/Corporation Name: Telephone #:

OWNER/CORPORATION ADDRESS:

Street #: Street Name: Suite #:
 City: State: Zip Code:

Name of Camp Director:

Contact Person: Daytime Telephone #:

Opening Date: Closing Date:

DAYS AND HOURS OF OPERATION:

MONDAY: From To	FRIDAY: From To
TUESDAY: From To	SATURDAY: From To
WEDNESDAY: From To	SUNDAY: From To
THURSDAY: From To	

Please continue to complete Page 2 of the Camp License Application

Total # of Children Enrolled:

Maximum # of Children at any one time:

List of Camp Activities (attach a program, if necessary):

Will Campers Attend a Swimming Pool? **Yes** **No**

If Yes, List Location, Days, and Times:

LOCATION	DAY	TIMES	
		From	To
	MONDAY:	From	To
	TUESDAY:	From	To
	WEDNESDAY:	From	To
	THURSDAY:	From	To
	FRIDAY:	From	To
	SATURDAY:	From	To
	SUNDAY:	From	To

Water Supply: **Public** **On-Site/Well** **Sewage:** **Public** **On-Site/Septic System**

(NOTE: Allow 30 days for well water testing and septic inspection. Contact DPS/Well & Septic Section at 240-777-0311)

WORKERS' COMPENSATION INSURANCE

Company Name:

Policy/Binder #:

Check here if this facility is operated by a sole proprietor with no employees or by members of a partnership or LLC, and a Certificate of Compliance has been obtained.

If you do not have Worker's Compensation Insurance, you must submit a copy of the Certificate of Compliance issued by the Worker's Compensation Commission (410-864-5100 or 800-492-0479).

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name:

Telephone # (NOT the Facility Telephone #):

Fax #:

Email Address:

Montgomery County Department of Health & Human Services must be notified when the emergency contact information changes.

Please continue to complete Page 3 of the Camp License Application

All NEW applicants (including change of location) must submit a copy of the Use and Occupancy Permit from the Department of Permitting Services (240-777-03110) and a Certificate of Approval from the Fire Marshal (www.montgomerycountymd.gov/firemarshal).

I hereby certify that the above information is accurate and complete:

Printed Name of Applicant:

Title of Applicant:

Signature of Applicant:

FEES

Fee Title	Amount	Fee Title	Amount	Fee Title	Amount
Recreational Camp License-New	\$110	Recreational Camp License-Renewal	\$110	Recreational Camp License-Late Fee	\$25

PAYMENT METHOD

Submit completed application and fee to: **Licensure & Regulatory Services**, 2425 Reedie Drive, 9th Floor, Wheaton, Maryland 20902.

Checks/Money Orders payable to "Montgomery County, Maryland" or pay by Mastercard, VISA or checking card.

CASH IS NOT ACCEPTED.

SELECT TYPE OF PAYMENT METHOD BELOW

Check

Money Order

Mastercard

VISA

CREDIT CARD PAYMENT SECTION

Credit Cardholder's Name:

Credit Card #:

Exp Date:

3-Digit Security Code:

Amount:

I agree to pay the above total amount according to the card issuer agreement:

Cardholder's Signature:

OFFICE USE ONLY

Receipt #:

Date Received:

Amount Paid:

Staff Initials:

Check/Money Order #:

Credit Card Approval Code: