



Montgomery County Department of Health and Human Services
Licensure and Regulatory Services
255 Rockville Pike, Suite 100, 1st Floor, Rockville, Maryland 20850
Phone: 240-777-3986 Fax: 240-777-3088
www.montgomerycountymd.gov/licensure

RECREATIONAL CAMP LICENSE APPLICATION
(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

New* Renewal

TODAY'S DATE:

Name of Camp:

Address:

Telephone No.: Fax No.: Federal Tax ID #:

Email Address (REQUIRED):

Mailing Address (If different):

Owner/Corporation Name: Telephone No.:

Address of Owner/Corporation:

Name of Camp Director:

Contact Person: Daytime Telephone No.:

Opening Date: Closing Date: Days and Hours of Operation:

Total Number of Children Enrolled: Maximum Number 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:

TWO PAGE APPLICATION - PLEASE COMPLETE BOTH SIDES.

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

SIGNATURE OF APPLICANT:

PRINTED NAME AND TITLE OF APPLICANT:

Submit completed application and fee to address above. CASH IS NOT ACCEPTED. Checks/Money Orders payable to: "Montgomery County, Maryland". Fee: \$110. Late Fee: \$25

Payment Method (select payment method): Check or Money Order Visa or Master Card Only (complete information below)

OFFICE USE ONLY

Receipt No.: Date Received: Amount Paid: Staff Initials:
Check/Money Order No.: Credit Card Approval Code (MC/VISA):

CREDIT CARD PAYMENT SECTION (confidential fax line for credit card payment: 240-777-4531)

Credit Cardholder's Name: Credit Card No:
Exp. Date: 3 Digit Security Code: Amount: \$

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

Cardholder's Signature:

RECREATIONAL CAMP LICENSE APPLICATION (Page Two)

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 No.: _____

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 Number: _____ (NOT the Facility Telephone Number) Fax Number: _____

Email: _____

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

****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).***