

FOR OFFICE USE ONLY		
Log #:		
I.D. #: 132-		
Fee:	FR/Val. #:	Govt.:

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
 DIVISION OF ENVIRONMENTAL HEALTH  
 525 WEST JEFFERSON STREET  
 SPRINGFIELD, ILLINOIS 62761  
 217-782-5830  
 217-785-0253 (Fax)

**APPLICATION FOR ORIGINAL CAMPGROUND LICENSE**

This form is to be completed prior to the operation of the following types of campgrounds:

- G** New campground (Prior to initiating construction the Application for a Campground Construction Permit must be completed.)
- G** Reactivating a previously licensed campground
- G** Change of ownership of a licensed campground
- G** Existing campground not previously licensed by the Illinois Department of Public Health (Two copies of as-built plans must be provided with this application.)
- G** Previously licensed youth camp

CAMPGROUND INFORMATION				LICENSEE/APPLICANT INFORMATION		
Legal Name:				Name:		
Address: (street, route, or p.o. box)				Address: (street, route, or p.o. box)		
	(City)	(County)	(ZIP)		(City)	(State)
Phone #:	( )			Phone #:	( )	

Dates of Operation:	From:	To:
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Over **L**

Name and address of all partners (if partnership), officers (if corporation) or persons having an interest herein (if group of individuals, association or trust) are as follows:

Legal description and location of the campground (this information is not necessary for facilities previously licensed by the Department):

The following facilities are provided (check the appropriate box):

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Bathing Beach   | <input checked="" type="checkbox"/> Food Service     | <input checked="" type="checkbox"/> Playgrounds   |
| <input checked="" type="checkbox"/> Boating         | <input checked="" type="checkbox"/> General Camping  | <input checked="" type="checkbox"/> Swimming Pool |
| <input checked="" type="checkbox"/> Dumping Station | <input checked="" type="checkbox"/> Horseback Riding | <input checked="" type="checkbox"/> Water Slide   |
| <input checked="" type="checkbox"/> Fishing         | <input checked="" type="checkbox"/> Hunting          | <input checked="" type="checkbox"/> Youth Camping |
| <input checked="" type="checkbox"/> Other _____     |  |   |

Written Signature(s) of Applicant(s):		Date:	

This application must be submitted in duplicate along with a check or money order of \$100 made payable to the Illinois Department of Public Health. Because campground licenses are not transferrable, a \$100 fee is required with the application submitted by new owners. Not-for-profit corporations are exempt from all fees if they submit a copy of their current annual report filed with the Secretary of State. Governmental units are automatically exempt from the fee provisions.

**IMPORTANT NOTICE**

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 77-1473 and 84-650. Disclosure of this information is mandatory. Failure to provide any information could result in a fine up to \$1000.00.