



**APPLICATION AND LICENSE
TO OPERATE A TEMPORARY CAMPGROUND IN MICHIGAN**

*This application is required under authority of Part 125, Campground Administrative Rules, of 1978 PA 368, as amended.
Failure to obtain a temporary campground license is a misdemeanor.*

(PLEASE PRINT IN BLACK OR BLUE INK)

Group/Organization Name			
Location of Event (Street Number and Name)		City, Village, or Township Name	ZIP Code
Campground/Contact Phone Number	County of Event	Landowner's Name	
Landowner's Address	City	State	ZIP Code

Submit the following to the Local Health Department (LHD) having jurisdiction at least 14 days prior to the event:

- (1) This completed license application. This application form is available at all local health department offices.
 - (2) State License Fee plus LHD Inspection Fee made payable to the LHD (contact the LHD to inquire about their inspection fee).
 - (3) Copies of current safe water sample results and service contracts to be provided (i.e. portable privies, garbage, etc.).
 - (4) A site plan showing the layout of the campsites (with a numbering/identification system for emergency response purposes), roads, site dimensions, well(s), septic tank(s), drainfield(s), sanitary dump station or sign to nearest station, privy locations, bathhouse, etc.
- For more information, visit your LHD, go to www.michigan.gov/deqcampgrounds, or call the DEQ Campground Program at 517-284-6520.*

NUMBER OF CAMPSITES	START DATE	through	END DATE	Check if this is a license extension:

**The maximum time of operation is two weeks with one extension of two additional weeks if approved by the LHD.
A minimum of 30 days is required between licenses. Separate fees are due for each separate license period.**

SANITARY FACILITIES:

Type	Male	Female	Unisex	No. of Sanitary Dump Stations
No. of Lavatories(sinks)				No. of Water Outlets
No. of Toilets				No. of Sites With Sewer Connections
No. of Urinals				No. of Sites With Water Connections
No. of Showers				No. of Sites With Electrical Connections
No. of Vault/Portable Privies				

I hereby certify that the foregoing information is accurate and complete.

Signature of Applicant	Date	Title	E-mail
Address of Applicant			Phone Number

PLEASE DO NOT WRITE BELOW THIS LINE - THIS SPACE FOR LOCAL HEALTH DEPARTMENT USE ONLY

COMMENTS:

TEMPORARY LICENSE IS: **APPROVED** **DISAPPROVED** (If disapproved, see Section 12508, 1978 PA 368)

Signature of Local Health Department Representative

Date

Upon approval by the local health department, this temporary campground is licensed for the dates indicated.

POST IN A CONSPICUOUS PLACE. THIS LICENSE IS NOT TRANSFERABLE TO A PERSON OR PLACE.

Local Health Department acknowledgment of receipt of fees:

Fees of \$_____ and \$_____ were received by the undersigned on _____
State License Fee Local Inspection Fee Date

Signature Title Local Health Department

Temporary Campground License fees are effective 2017, 2018, and 2019 and are based on the number of proposed campsites

State Fee: 5-25 sites \$90; 26-50 sites \$120; 51-75 sites \$151; 76-100 sites \$181; 101-500 sites \$271; 501+ sites \$603

DISTRIBUTION: ORIGINAL TO DEQ - ONE COPY TO APPLICANT - ONE COPY TO LOCAL HEALTH DEPARTMENT