DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENT
ENVIRONMENTAL RESOURCE MANAGEMENT DIVISION

APPLICATION AND LICENSE
TO OPERATE A TEMPORARY CAMPGROUND IN MICHIGAN

This information is required under authority of Part 125 of 1978 PA 368, as amended. Failure to obtain a temporary 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
Local Telephone Number	County of Event	Landowner's Name		
Landowner's Address		City	State	ZIP Code

This Temporary Campground License Fee Schedule is Only Effective Through October 31, 2013

NUMBER OF CAMPSITES:		**License Fee:** 1 - 25 sites: **$82**; 26 - 50 sites: **$110**; 51 - 75 sites: **$138** 76 - 100 sites: **$166**; 101 - 500 sites: **$248**: 501+ sites: **$551**

Please make the License Fee payable to the local health department having jurisdiction. The local health department where the temporary campground is located is also entitled to collect an inspection fee in addition to the above License Fee. **Submit the following information to the local health department at least 14 days prior to the event**: (1) completed license application, (2) license fee payment, (3) copies of contracts for services to be provided (portable privies, garbage, etc.) and (4) a site plan showing the location and accessibility of the campsites, campground roads, and facilities. **A CAMPGROUND CONSTRUCTION PERMIT IS REQUIRED FOR PERMANENT FACILITIES IN TEMPORARY CAMPGROUNDS (i.e., wells, sewage systems, etc.).** Additional information may be obtained at www.michigan.gov/wateruse or contact the DNRE, at 517-241-1340, or the local health department.

DATES OF OPERATION:	Date	through	Date	Check if this is a license extension:	

The maximum time of operation is two weeks with one extension of two weeks allowed.
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 Lavatories					No. of Sanitary Dump Stations	
No. of Toilets					No. of Water Outlets	
No. of Urinals					No. of Sites With Sewer Connections	
No. of Showers					No. of Sites With Water Connections	
No. of Privies					No. of Sites With Electrical Connections	

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

Signature of Applicant	Title	Date
Address of Applicant		Telephone 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. LICENSE IS NOT TRANSFERABLE AS TO PERSON OR PLACE.

Local Health Department acknowledgment of receipt of fees:

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

_____
Signature Title Local Health Department

DISTRIBUTION: Original – DNRE 2nd Copy – APPLICANT 3rd Copy – LOCAL HEALTH DEPARTMENT EQP 1717 (11/2010)