



# Loudoun County Health Department

1 Harrison Street, S.E., Leesburg VA 20177, 2<sup>nd</sup> floor

Mailing address: P.O. Box 7000, MSC #68, Leesburg VA 20177-7000

## SUMMER CAMP - PERMIT APPLICATION

Check One:     New Permit                       Permit Renewal;                      Annual Permit Fee \$40

### Section A: Facility Information

|                              |        |             |
|------------------------------|--------|-------------|
| Name of Summer Camp:         |        |             |
| Campground Physical Address: |        |             |
| City:                        | State: | Zip Code:   |
| Summer Camp Mailing Address: |        |             |
| City:                        | State: | Zip Code:   |
| Phone #:                     | Email: | Fax Number: |

### Section B: Owner / Operator Information

|  |                 |             |
|--|-----------------|-------------|
| Name of Legal Owner: <i>(if owner is a business, provide the name of the registered agent)</i> |                 |             |
| Name of Registered Agent <i>(if applicable)</i> :  |                 |             |
| Physical Address:  |                 |             |
| City:  | State:          | Zip Code    |
| Mailing Address:   |                 |             |
| City:  | State:          | Zip Code:   |
| Phone #:   | Email:          | Fax Number: |
| Name of Operator:  |                 |             |
| Operator phone:  | Operator email: |             |

**Section C: Include the following information:**

|  |              |                      |         |
|--|--------------|----------------------|---------|
| Anticipated Dates of Occupancy:                        | From:        | To:                  |         |
| Anticipated Number of Occupants:                       | Total:       | Male:                | Female: |
| Type of Water Supply: (Mark "x" in the correct box)    | Public Water | Private Well         |         |
|  | Other:       |                      |         |
| Type of Sewage Disposal: (Mark "x" in the correct box) | Public Sewer | Onsite Sewage System |         |
|  | Other:       |                      |         |

I/we understand that after issuance of the Health Department Permit requested, the Commissioner of Health or his authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required.

**Section D: Applicant:**

|                          |              |
|--------------------------|--------------|
| Signature of Applicant:  |              |
| Print Name of Applicant: |              |
| Title of Applicant:      | Date Signed: |

**Return completed application  
30 days prior to opening day to:**

**Loudoun County Health Department  
P.O. Box 7000, MSC#68, Leesburg, VA 20177**