



607 West Main Street. Marshall, Suite 200, MN 56258-3099. Phone: 507-537-6713. Fax: 507-537-6719

INITIAL LICENSE APPLICATION FOR RECREATIONAL CAMPING AREAS

Please print or type, check all applicable boxes

Notice to all applicants: Minnesota Statutes, section 270.72, subd. 4, requires you to supply your Minnesota business tax identification number and your social security number. Minnesota statute section 176.182 also requires information regarding worker's compensation insurance. All data submitted in this application are public data except the individual's social security number, which is private.

[ ] New Establishment-Opening Date \_\_\_\_\_

Applicant/Owner Information:

MN Business Tax Identification # \_\_\_\_\_

Establishment Owner Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Establishment Mailing Address \_\_\_\_\_
Street/PO Box City State Zip

Establishment Information:

Establishment Name \_\_\_\_\_

Establishment Address \_\_\_\_\_
Street/PO Box City State Zip

Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

Email Address \_\_\_\_\_

Establishment Operated: [ ] Year Round [ ] Seasonal--Opening Date \_\_\_\_\_ Closing Date \_\_\_\_\_

Recreational Camping Area: Total Number of Sites \_\_\_\_\_ Dependent Sites \_\_\_\_\_ Independent Sites \_\_\_\_\_

Dependent Campsite: Campsites do not have sewer connections. Sanitary Dump Station must be provided.

Independent Campsite: Campsites have sewer connections. (i.e. sewer hook-up is available for Recreational Vehicles)

Check (✓) Items Provided By Establishment:

Central Building: [ ] Provided (If provided, please state number of fixtures below) Not Provided

Men : Toilet Seats \_\_\_\_\_ Showers \_\_\_\_\_ Wash Basins \_\_\_\_\_ Urinals \_\_\_\_\_

Women: Toilet Seats \_\_\_\_\_ Showers \_\_\_\_\_ Wash Basins \_\_\_\_\_

Water Supply Source: Municipal Private Sewage System: Municipal Private

Swimming Facilities: None Beach Indoor Pool Outdoor Pool

Check (✓) box where license, renewals and notices should be sent: Applicant Address Establishment Address

Worker's Compensation Information:

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_
Street/PO Box City State Zip

or I certify that I am not required to carry worker's compensation liability coverage because:

I am a sole proprietor or partner and I have no employees

I have no employees who are covered by the worker's compensation law.

Note: Only employees exempt by statute (spouse, parent, and children) are not covered by worker's compensation law

## License Fee Schedule

**Base Fee - \$57.00: This fee is required for all establishments.** (Base fee is **not** required if the establishment is licensed under MN Statues Section 157 as a hotel, motel, resort or under MN Statues Chapter 4626 as a Food or beverage establishment.)

**Site Fee – Number of sites x \$4.00**

**Licensed Facility Individual Water – (LFIW - \$56.00):** A private water supply (well) that services a facility that is licensed by this agency. The water supply is other than a community public water supply. Rural water systems are considered municipal systems and are not required to pay this fee.

**Licensed Facility Individual Sewer – (LFIS - \$56.00):** A private sewage treatment system that services a facility that is licensed by this agency. The sewage treatment system is other than a municipal wastewater treatment system.

### PLEASE FILL IN THE CORRECT SPACES TO GET YOUR NEW LICENSE FEE:

A. BASE FEE:

B. SITE FEE: # OF SITES X \$4.00

C. LICENSED FACILITY INDIVIDUAL WATER FEE:

D. LICENSED FACILITY INDIVIDUAL SEWER FEE:

**TOTAL:**

### PLEASE SUBMIT A CHECK OR MONEY ORDER FOR THE PROPER AMOUNT PAYABLE TO:

**SOUTHWEST HEALTH AND HUMAN SERVICES  
607 WEST MAIN STREET, SUITE 200  
MARSHALL, MN 56258**

**New Business or New Owners:** Opening after October 1<sup>st</sup> and before January 1<sup>st</sup> are required to pay only half of the normal annual fee.

**I certify that the information provided on this application is accurate and complete:**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR OFFICE USE ONLY	
Date Recvd:	Check #
Receipt #	License #
Clerical Int.	