



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 - \$65.00: This fee is required for all establishments. (Base fee **is not** required if the establishment is licensed under MN Statutes Section 157 as a hotel, motel, resort or under MN Statutes Chapter 4626 as a Food or beverage establishment.)

Site Fee – Number of sites x \$4.00

Licensed Facility Individual Water – (LFIW - \$60.00): 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 - \$60.00): 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: \$ 0 _____

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 1st and before January 1st 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.