



**APACHE COUNTY PUBLIC HEALTH SERVICES DISTRICT  
Environmental Health**

P. O. Box 697  
St. Johns, Arizona 85936  
Phone: (928) 337-7607

**Children's Camp Permit Application**

(per AZ Admin Code R9-8-401-403)

**\*\*The proper permit fee must be included with this application.\*\***

*Please print or type:*

**Children's Camp Name:** \_\_\_\_\_

Street address of children's camp: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Camp phone: \_\_\_\_\_

**Name of license/permit holder:** \_\_\_\_\_

Mailing Address of license/permit holder: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License holder phone: \_\_\_\_\_

Cell phone or second phone number: \_\_\_\_\_

**Name of camp director:** \_\_\_\_\_

Camp director phone number(s): \_\_\_\_\_

Camp director email: \_\_\_\_\_

Dates of operation of the children's camp:

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How many children can the camp accommodate? \_\_\_\_\_

Is there a food establishment in the children's camp? Yes                  No

If so, does the food establishment have a current Apache County Public Health Services District license?    Yes                  No

Please provide the permit number to the above licensed establishment.

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Is there a bathing place in the children's camp?                  Yes                  No

What is the potable water supply source for the camp?

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What type of sewage disposal system is utilized for the camp?

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Is this application for a NEW or RENEWAL license? (Circle one)

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*A map which specifies the location of the children's camp must be attached to this application.\*\***

<b><i>For Office Use Only</i></b>	
Date Received: _____	Permit Number Assigned: _____
Fee Paid: _____	_____
Receipt Number: _____	