



### APPLICATION FOR GROUP CAMP PERMIT

Return this completed application with the permit fee (see current fee schedule)

**Incomplete forms will be returned**

\_\_\_\_\_  
Facility Name ( )  
Phone Number

\_\_\_\_\_  
Facility Street Address City State ZIP

\_\_\_\_\_  
Mailing Address for Permit (if different from facility) City State ZIP

**Facility is:**

Year Round  Seasonal If Seasonal, month facility operation opens \_\_\_\_\_ and closes \_\_\_\_\_

Change in ownership? Please check the box and fill in the necessary information on the back of this application.  
Permits are NOT transferable.

*Permits are valid from June 1 through May 31.*

**Make checks payable to Snohomish Health District**

\_\_\_\_\_  
Owner Name ( )  
Owner Phone Number

\_\_\_\_\_  
Street Address City State ZIP

\_\_\_\_\_  
Facility Manager Name ( )  
Facility Manager Phone Number

\_\_\_\_\_  
Street Address City State ZIP

**Mail Permit to: (Check one)**

- Site
- Owner
- Manager

**Mail Permit Renewal Notice to: (Check one)**

- Site
- Owner
- Manager

**X** \_\_\_\_\_  
Signature Date

FOR HEALTH DISTRICT USE ONLY

PERMIT # \_\_\_\_\_

MAIL-DELIVER-PU \_\_\_\_\_  
Date/By