



Somerset County Health Department
8928 Sign Post Road, Suite 2, Westover, Maryland 21871
443.523.1700 – 800.363.8090 – Fax 410.651.5680
TDD 1-800-735-2258
Health Officer: Danielle Weber, MS, RN

APPLICATION FOR PERMIT TO OPERATE A CAMP

Application is hereby made to operate a campground facility in accordance with COMAR 10.16.03 Regulations Governing Camps. Please submit this application with all associated fees and the attached Workers' Compensation form.

Fee: \$200

Late Fee (<60 days): \$100

Late Fee (>60 Days): \$200

Facility Name:	Facility Phone:	
	Facility Email:	
Facility Address:		
Mailing Address:		
Contact Person:	Contact Phone:	
	Contact Email:	
Owner:	Owner Phone:	
	Owner Email:	
Federal Employer ID Number (EIN) (Required):	Water Supply: <input type="radio"/> Public <input type="radio"/> Private	Sewage Disposal: <input type="radio"/> Public <input type="radio"/> Private
	Total Number of Campsites: _____	
Operation Is: <input type="radio"/> Permanent <input type="radio"/> Seasonal (from _____ to _____)	Type of Campsites: Hook-Up: _____ Primitive/Tent: _____ Cabin/Building: _____	
Average Number of Visitors Per Day: _____		
Estimated Number of Male: _____ Female: _____		

Applicant Name (Printed): _____ Title: _____

Applicant Signature: _____ Date: _____

*****DO NOT WRITE BELOW THIS LINE – SCHD USE ONLY*****

Facility Number: _____

Date Issued: _____

Date Expires: _____

All fees are due at time of application and are a non-refundable filing and processing fee.



Statement of Compliance with Workers' Compensation Act

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit may be issued under the Health-General Article, the employer must submit a statement of compliance listing a workers' compensation insurance policy or binder number, or provide a Certificate of Compliance obtained from the Maryland Workers Compensation Commission (WCC).

To obtain a waiver, exclusion form or certificate of compliance from the WCC, please visit their website at <https://comphub.wcc.state.md.us/>.

Please check the box of the option below which applies to you, provide the requested information, sign and date the form, and return it with your application.

- ☐ I have workers' compensation insurance:
- Insurance Company _____
Policy or Binder Number _____
- ☐ A waiver has been received from the Workers' Compensation Commission.
(ATTACH A COPY OF THE WAIVER)
- ☐ I am exempt from having workers' compensation insurance per Maryland Labor and Employment Code Ann §9-206. (ATTACH A COPY OF THE EXCLUSION FORM)
- ☐ I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE)
- ☐ I have no employees; I am not required to carry workers' compensation insurance.

Printed Name

Title

Company Name

Company Address

Signature

Date