



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

District # \_\_\_\_\_

EHS \_\_\_\_\_

PR# \_\_\_\_\_

PE# \_\_\_\_\_

Department of Environmental Health
P.O. Box 7909
Riverside, CA 92513-7909

OCR# \_\_\_\_\_

APPLICATION TO OPERATE AN ORGANIZED CAMP

California Code of Regulations Title 17 and the California Health and Safety Code

THIS APPLICATION IS FOR: [ ] NEW OPERATION [ ] RE-OPENING A CLOSED FACILITY
[ ] ANNUAL RENEWAL [ ] CHANGE OF OWNERSHIP

FULL CAMP NAME: \_\_\_\_\_

DESIGNATED DIRECTORS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CAMP OWNED BY: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

[ ] SITE OWNED [ ] SITE LEASED

IS CAMP CURRENTLY ACCREDITED BY THE AMERICAN CAMP ASSOCIATION (ACA)?

[ ] YES [ ] NO DATE OF LAST ACA VISITATION: \_\_\_\_\_

PHYSICAL ADDRESS FOR CAMP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MAILING ADDRESS FOR CAMP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATES OF OPERATION: \_\_\_\_\_ DID YOU OPERATE THIS BUSINESS LAST YEAR? \_\_\_\_\_

FEES:

ORGANIZED CAMP - \$656.00 (per facility)

FOOD FACILITY

RETAIL STORE (Less than 300 square feet, pre-packaged non-PHF food only)
# of operations \_\_\_\_\_ X \$79.00 = \$ \_\_\_\_\_

RESTAURANT/CAFETERIA (Less than 2,000 square feet in size)
# of operations \_\_\_\_\_ X \$244.00 = \$ \_\_\_\_\_

RESTAURANT/CAFETERIA (Between 2,001 and 5,999 square feet in size)
# of operations \_\_\_\_\_ X \$368.00 = \$ \_\_\_\_\_

RESTAURANT/CAFETERIA (6,000 square feet or more in size)
# of operations \_\_\_\_\_ X \$492.00 = \$ \_\_\_\_\_

POOL/SPA - (per facility)
# of operations \_\_\_\_\_ X \$203.00 = \$ \_\_\_\_\_

TOTAL FEES DUE: \$ \_\_\_\_\_ .00

AN ENVIRONMENTAL HEALTH PERMIT APPROVED BY A REPRESENTATIVE OF THIS DEPARTMENT IS REQUIRED BEFORE OPENING A NEW OR CLOSED ORGANIZED CAMP, FOOD FACILITY, OR POOL/SPA. YOU ARE NOT AUTHORIZED TO OPERATE UNTIL ALL APPROVALS HAVE BEEN OBTAINED. IN THE EVENT THE PERMIT IS NOT APPLIED FOR OR IS NOT RENEWED WITHIN THIRTY (30) DAYS OF THE DATE OF THE OPENING OF THE ORGANIZED CAMP, FOOD FACILITY, OR POOL/SPA OR THE EXPIRATION DATE OF THE PERMIT, A PENALTY FEE OF 20% WILL BE ADDED TO THE PRICE OF THE PERMIT(S). IF THE PERMIT(S) IS NOT APPLIED FOR OR NOT RENEWED WITHIN SIXTY (60) DAYS OF THE DATE OF OPENING OR THE EXPIRATION DATE OF THE CURRENT PERMIT(S), A PENALTY FEE OF 100% WILL BE ADDED TO THE PRICE OF THE PERMIT(S). PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE.

I HEREBY APPLY FOR A RECEIPT/PERMIT(S), WITH APPROPRIATE FEES ATTACHED, TO OPERATE THE ABOVE ORGANIZED CAMP, FOOD FACILITY, OR POOL/SPA IN THE COUNTY OF RIVERSIDE.

DATE: \_\_\_\_\_ OWNER/OPERATOR: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DRIVERS LICENSE/ EX. DATE \_\_\_\_\_

For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org