



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

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

District #
EHS
PR#
PE#

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 - \$682.00 (per facility)

FOOD FACILITY

RETAIL STORE (Less than 300 square feet, pre-packaged non-PHF food only)
of operations X \$85.00 = \$

RESTAURANT/CAFETERIA (Less than 2,000 square feet in size)
of operations X \$254.00 = \$

RESTAURANT/CAFETERIA (Between 2,001 and 5,999 square feet in size)
of operations X \$383.00 = \$

RESTAURANT/CAFETERIA (6,000 square feet or more in size)
of operations X \$512.00 = \$

POOL/SPA - (per facility) # of operations X \$211.00 = \$

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.

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