



Public Health
Prevent. Promote. Protect.

Douglas & Pope Counties Environmental Health

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LICENSE APPLICATION – MANUFACTURED HOME PARK AND/OR RECREATIONAL CAMPING AREA

Notice to all applicants: Minnesota Statutes, section 270.72, subd. 4, requires you to supply your Minnesota business tax identification number and your social security number. Minnesota Statutes, section 176.182 also requires information regarding worker’s compensation insurance. All data submitted in this application is public data except the individual’s social security number, which is private.

Check (x) the license type:

- Renewal – License #: _____ Renewal period: _____
- New Establishment – Opening date: _____ License #: _____
- Ownership Change – Previous Owner & License #: _____
Date Purchased: _____ Opening date: _____ New License #: _____

Last license no. _____ was issued for the following quantity of:

_____ Mobile home sites _____ Independent camp sites _____ Dependent camp sites
(Dependent sites are **without** sewer connections)

Applicant/Owner Information: PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Corporation Name: _____ Primary Officer _____

OR

Individual Operator - First name: _____ Middle Initial ____ Last name: _____

Individual Operator’s Social Security #: ____ - ____ - ____

DBA (*Doing Business As*) Name (*if applicable*): _____

MN Business Tax (*Sales Tax*) Identification # (*This must be provided for licensure if applicable*): _____

Federal Tax ID #: ____ - ____ Telephone #: (____) _____

Email Address: _____

Designated Mailing Address: _____
(Street/PO Box) City State Zip

Park/Camp Information: (Physical Location)

Park or Camp Name (*name on the sign*): _____

Park or Camp Physical Address: _____

Location: County _____ City _____ Township: _____

Lake: _____ Stream: _____ Highway _____ Road _____

Telephone: (____) _____ Manager Name: _____

Hours/Days of operation: _____

IF NOT OPERATING YEAR ROUND:

Opening date _____

Closing date _____

Number of sites: _____ Mobile Home Sites _____ Dependent Camp Sites _____ Independent Camp Sites

Number of sites occupied: _____ Mobile Home Sites _____ Dependent Camp Sites _____ Independent Camp Sites

► **Is a central building (shower house) provided?** Yes No ► **If a primitive campground, list number of privies:** _____

If yes, please list number of fixtures provided:

Men: Showers ____ Sinks ____ Toilets ____ Urinals ____

Women: Showers ____ Sinks ____ Toilets ____

Is there a public pool at the park/camp? No Yes – If yes, license #: _____

Certified Pool Operator Name: _____ Registration Number: _____

Is there food and/or beverage service at the park/camp? No Yes – If yes, license #: _____

Is there lodging at the park/camp? No Yes – If yes, license #: _____

Water Supply: Municipal Private Number of sites with individual hookups: _____

Sewage System: Municipal Private Number of sites with individual hookups: _____

REMINDER: New construction or alteration of existing operation must be reviewed by this department: please contact us AT LEAST 30 days prior to construction. License cannot be renewed without this department’s prior approval for additional sites. You must submit a copy of an approval permit from the municipality or county in which the park or camp is located or a statement from that municipality or county that no permit is required. No license will be issued until all requirements have been met.

Definitions

Manufactured Home Park – any site, lot, field, or tract of land upon which two or more occupied manufactured homes are located, either free of charge or for compensation, and includes any building, structure, tent, vehicle, or enclosure used or intended for use as part of the equipment of the manufactured home park.

Recreational Camping Area – any area, whether privately or publicly owned, used on a daily, nightly, weekly, or longer basis for the accommodation of five or more tents or recreational camping vehicles free of charge or for compensation.

Category A Site – any manufactured home park or recreational camping area that meets one or more of the following conditions: A. Has a public swimming pool; B. Draws its drinking water from a surface water supply; or C. Has 50 or more sites.

Category B Site – any manufactured home park or recreational camping area that is not a Category A site.

Individual Water – a private water supply other than a community public water supply.

Individual Sewer – a private sewage treatment system which uses subsurface treatment and disposal.

Public Swimming Pool – any swimming pool other than a private residential swimming pool.

LICENSE FEE SCHEDULE AND CALCULATIONS:

Check (x) the appropriate boxes:

<input type="checkbox"/> Base Fee (all parks/camps)	\$ 195.00.....	\$ <u> \$195.00 </u>
<input type="checkbox"/> Category A (50 sites or more, swimming pool, surface water supply).....	-Number of sites _____ x \$5.75 each =	\$ _____
<input type="checkbox"/> Category B (49 sites or less, no swimming pool, no surface water supply).....	-Number of sites _____ x \$4.00 each =	\$ _____
<input type="checkbox"/> Individual water/sewer.....	\$ 70.00.....	\$ _____
<input type="checkbox"/> Public swimming pool (one pool).....	\$235.00.....	\$ _____
<input type="checkbox"/> Additional swimming pools.....	-Number of pools ____ x\$130.00 each=	\$ _____
<input type="checkbox"/> Late penalty (1 to 30 days).....	\$100.00.....	\$ _____
<input type="checkbox"/> Late penalty (after 30 days).....	\$300.00.....	\$ _____
Total Payment Due.....		\$ _____

WORKER'S COMPENSATION INFORMATION:

Insurance Company Name: _____

Insurance Company Designated Mailing Address: _____

Policy #: _____ Dates of Coverage: _____ through _____

OR

I certify that I am not required to carry worker's compensation liability coverage because:

- I am a sole proprietor or partner and I have no employees.
- I have no employees who are covered by the worker's compensation law. Note: Only employees exempt by statute (spouse, parent, and children) are *not* covered by the worker's compensation law.

I certify that the information provided on this application is accurate and complete.

Signature: _____ **Date:** _____

OFFICE USE ONLY:

Date Paid: _____ **Check #:** _____ **Amount:** _____ **Received by:** _____

Approved? Yes No
 Insp. Initials _____
 Risk Level: H M L