

2021 AGRICULTURAL LABOR CAMP APPLICATION

For license renewal: Complete this application and return it with the appropriate fee by **April 14th** pursuant to section 3733.43 of the Ohio Revised Code. **Applications received on or after April 15th are subject to a penalty fee.** This application will not be processed until it is appropriately completed, signed by the operator, is accompanied by a camp diagram if the camp has changed since submission of the last acceptable diagram, and is accompanied by the annual licensing fee.

CAMP NAME _____	
Address _____	
City _____	Zip _____ County _____
Telephone Number _____	Email _____
Directions to camp: _____	
Expected date of occupancy ____/____/____	Expected date of closure ____/____/____
Total Number of Housing Units: _____ Total Number of Occupants: _____	
[<input type="checkbox"/>] Operated last year [<input type="checkbox"/>] New camp [<input type="checkbox"/>] New or altered facilities [<input type="checkbox"/>] Plans or camp diagram enclosed	
OWNER/OPERATOR NAME _____	
Address, <i>if different from camp address</i> _____	
City _____	Zip _____ County _____
Telephone Number _____	Email _____
PERSON TO CONTACT REGARDING INSPECTIONS, MAINTENANCE, OR EMERGENCIES (Must be completed)	
NAME _____	
Telephone Number _____	Email _____

Make check or money order payable to the **TREASURER, STATE OF OHIO**. This license fee is \$150.00 plus \$20.00 for each housing unit if received by April 14.. If received on or after April 15, the license fee is \$166.00 plus \$42.50 for each housing unit.

License Fee (**Before April 15**): \$150.00 + #Housing Units: _____ X \$20.00 each = TOTAL \$_____

Late Fee (**On or After April 15**): \$166.00 + #Housing Units: _____ X \$42.50 each = TOTAL \$_____

I hereby apply for a license to operate an agricultural labor camp and agree to comply with sections 3733.41 to 3733.49, inclusive, of the Ohio Revised Code and the Agricultural Labor Camp rules 3701-33-01 to 3701-33-13, inclusive, of the Ohio Administrative Code.

Print/Type Name of Owner/Operator

Signature of Owner/Operator

Mail to: Ohio Department of Health
Revenue Processing Unit #2170
PO Box 15278
Columbus, OH 43215

For ODH use only

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Date Application Received: _____ Date Camp Inspected: _____

Dated License Issued: _____ ALC # _____