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**FOR OFFICIAL USE ONLY**

Accepted By:

License #:

Date Processed:

Receipt #:

**CAMP PERMIT APPLICATION \$1,230**

Incomplete applications, including applications without the proper documentation, will not be accepted.

KCPHD will return incomplete applications to the applicant. All applicable fees may be non-refundable.

For all operating permits or licenses that are renewed after their expiration date, but before 30 days have passed, a late fee of 20% of the annual fee total shall be assessed. After 30 days a 40% late fee of the annual fee total shall be assessed.

**Camp Information**

Camp Name:

Manager/Person in charge:

Mailing Address (City, State, Zip):

Email:

Phone Number:

Food service provided: ☐ Yes ☐ No

Food service description:

Maximum number of people:

Length of season:

Number of RV spaces (if applicable):

Number of cabins/sleeping rooms (if applicable):

Number of tent spaces (if applicable):

Application is hereby made for a permit to operate. My signature below denotes my intent to comply with all applicable State and local regulations. It is my understanding that the permit is non-transferable and shall expire annually on: June 30th

Signature:

Date: