

FOR OFFICE USE ONLY		
Log #:		
I.D. #: 131-		
Fee:	FR/Val. #:	Govt.:

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
 DIVISION OF ENVIRONMENTAL HEALTH  
 525 WEST JEFFERSON STREET  
 SPRINGFIELD, ILLINOIS 62761  
 217-782-5830  
 217-785-0253 (Fax)

**APPLICATION FOR YOUTH CAMP LICENSE**

Section 5 of the Youth Camp Act states that it is unlawful for any person to operate a youth camp in Illinois without a license from the Illinois Department of Public Health. A youth camp is defined as “any parcel of land having the general characteristics and features of a camp as the term is generally understood, used wholly or in part for recreational or instructional purposes and accommodating, for profit or under philanthropic or charitable auspices, five or more children younger than 18 years of age, apart from their parents, relatives, or legal guardians for a period of three or more consecutive days or five days during the calendar year or more. This site may be equipped with temporary or permanent buildings and may be operated as a day camp or as a resident camp.

If, in addition to the youth camp staff, you will be providing camping for 10 or more adults for six or more days during the year, your operations should be licensed by the Department of Public Health as a campground and not as a youth camp. Instead of completing this form, please call the Department at the number indicated above and ask for an Application for Campground License.

TYPE OF APPLICATION (check appropriate box):

- New youth camp (Prior to constructing a new youth camp, it is necessary that the Application for Youth Camp Construction Permit be completed and submitted to the Department with the plans and that a permit be issued.)
- Reactivating a previously licensed youth camp  
 Previous name of youth camp: \_\_\_\_\_
- Change of ownership of a licensed youth camp.
- Existing youth camp not previously licensed by the Illinois Department of Public Health. (If you will be operating a youth camp at a facility which previously has not been licensed by the Department, enclose two copies of the plans of the existing buildings and utilities.)

YOUTH CAMP INFORMATION				LICENSEE/APPLICANT INFORMATION*			
Name of:				Name of:			
Address:				Address:			
	(City)	(County)	(ZIP)		(City)	(State)	(ZIP)
Phone #:	( )			Phone #:	( )		

(\*Attach on a separate paper the name and address of all partners if the licensee is a partnership and all officers if the licensee is a corporation.)

Dates of Operation:	From:	To:
Maximum number of youths to be served at one time:		

The following facilities are provided (check the appropriate box):

<input type="checkbox"/>	Bathing Beach	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Fishing
<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Horse Back Riding	<input type="checkbox"/>	Playgrounds
<input type="checkbox"/>	Swimming Pool	<input type="checkbox"/>	Water Slide	<input type="checkbox"/>	Other _____

Signature of Applicant:		Date:	
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This application must be submitted in duplicate along with a check or money order in the amount of \$25.00 made payable to the Illinois Department of Public Health. Governmental units and public and parochial schools are exempt from the fee requirements.

**IMPORTANT NOTICE**

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 78-715. Disclosure of this information is mandatory. Failure to provide any information could result in a fine up to \$100.00.