



Snow Hill (Main Office)
410-632-1100
Fax 410-632-0906
TTY 410-632-1100

Worcester County

HEALTH DEPARTMENT
P.O. Box 249 • Snow Hill, Maryland 21863-0249
www.worcesterhealth.org

Deborah Goeller, R.N., M.S.
Health Officer

*Send Application To: Worcester County Health Dept., Office of Environmental Health
13070 St. Martins Neck Road, Bishopville, Maryland 21813*

APPLICATION FOR PERMIT TO OPERATE A CAMPGROUND

Name of Campground: _____

Owner: _____

If Owner Is Corporation, Partnership, LLC, etc:

Name Of Officer _____ Position _____

To Whom and Where Correspondence Should Be Mailed: _____

Phone _____

Exact Address of Campground: _____

Number of Campsites: _____

Operating Period: Year-round _____ Seasonal _____ (From _____ To _____)

Authorized Signature: _____ Date: _____

MUST BE OWNER/AGENT

TITLE

FEE: 100 Sites or less = \$175.00

101 Sites or more = \$200.00

----- *OFFICE USE ONLY* -----

Environmental Programs Approval

Approved _____ Number of Sites _____ Disapproved _____

Reasons for Disapproval _____

Permit No. _____ Date Issued _____ Date Expires _____

Sanitarian _____ Date _____



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STATEMENT OF WORKERS= COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State Workers= Compensation Laws indicating the employer's Workers= Compensation insurance policy or binder number. Waiver or certificate of compliance can be obtained by calling the Workers=Compensation Commission at (410) 864-5100.

CIRCLE the number of the option below which applies to you, provide the requested information, sign and date the form, and return it with the attached application. **(NOTE: License cannot be issued without completion of this form.)**

1. I have Workers= Compensation insurance.

Insurance Company _____ Policy/Binder No. _____

2. A waiver has been received from the Workers= Compensation Commission. (A COPY OF THE WAIVER MUST BE ATTACHED BEFORE A LICENSE WILL BE GRANTED.)

3. As provided by Maryland Annotated Code Article 101, I am exempt from having Workers= Compensation insurance. (Circle option a or b below.)

a. Attached is a copy of the certificate of compliance.

b. I have applied for a certificate of compliance from the Workers= Compensation Commission on

_____. Copy of certificate will be forwarded to Worcester County Office of Environmental Health upon receipt.

4. I am self-insured. Approval of self-insurance has been received from the Workers= Compensation Commission. (A COPY OF THE CERTIFICATE OF COMPLIANCE MUST BE ATTACHED BEFORE A LICENSE WILL BE GRANTED.)

5. I have no employees; therefore I am not required to carry Workers Compensation insurance.

SIGNATURE/TITLE

DATE

FACILITY NAME

TITLE