



**APPLICATION FOR RENEWAL OF A PERMIT TO OPERATE
 MIGRATORY AGRICULTURAL LABOR HOUSING CAMPS & FIELD SANITATION**

This application must be completed for each **NEW** Migratory Agricultural Labor Housing Camp and Field Sanitation Facility, and for **RENEWAL** of the annual permit of existing Camps and Facilities. Complete all information requested and return to the address below **at least 30 days prior** to operating. If there are any questions regarding this form, call 302-744-1220.

PLEASE PRINT OR TYPE. INCOMPLETE APPLICATIONS MAY BE RETURNED.

Environmental Health Field Services – Kent County
 Thomas Collins Building
 540 S. DuPont Highway, Suite 5
 Dover, DE 19901

OPERATOR NAME: _____

NAME OF CAMP: _____

MAILING ADDRESS OF CAMP: _____

PHONE NUMBER: _____ EMERGENCY PHONE NUMBER: _____

DESIGNATED CONTACT PERSON: _____

TYPE PERMIT REQUESTED: ___ HOUSING CAMP ___ FIELD SANITATION (HAND LABOR)

LOCATION OF FACILITY: _____

(Each location requires a separate application - duplicate as necessary)

REQUESTED CAPACITY	DATE OF ARRIVAL	DATE OF DEPARTURE
_____	_____	_____

CROP(S) HARVESTED: _____

REMARKS: _____

In accordance with the "Regulations Governing the Sanitation of Migratory Agricultural Labor Housing Camps and Field Sanitation," adopted under Title 16 Delaware Code, Chapter 1, Section 122(g), I, the undersigned hereby make application for permit to operate a Migratory Agricultural Labor Camp or Field Sanitation Facility

Printed Name of Applicant _____ Title/Position _____

Signature of Applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE - FOR REGULATORY AGENCY USE ONLY

RECOMMENDED FOR: **ANNUAL** _____ **PROVISIONAL** _____ **CAPACITY** _____

 (Signature of Program Manager) _____ (Date)

 (Signature of Program Administrator) _____ (Date)

PERMIT # _____ DATE ISSUED: _____ TYPE (Check): **ANNUAL** _____ **PROVISIONAL** _____

Doc. # 35-05-20/06/12/12