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_____