



## APPLICATION FOR RENEWAL OF A PERMIT TO OPERATE YOUTH CAMPS AND RECREATIONAL CAMPGROUNDS

This application must be completed for each new or existing youth camps or recreational campgrounds. Please make a photocopy for your records. The application must be submitted to the county office in which the camp or campground will be located at least 30 days prior to operating the camp. Incomplete applications may be returned. **Applications for Day Camps must include an exemption letter from Office of Child Care Licensing (OCCL).**

**New Castle County – EHFS**  
 258 Chapman Rd. – Suite 105  
 Newark, DE 19702  
 Phone: (302) 283-7110  
 Email:  
 DHSS\_DPH\_NCCEHS@delaware.gov

**Kent County – EHFS**  
 540 S DuPont Hwy. – Suite 5  
 Dover, DE 19901  
 Phone: (302) 744-1220  
 Email:  
 DHSS\_DPH\_KCEHS@delaware.gov

**Sussex County – EHFS**  
 546 S Bedford St. – Suite 1700  
 Georgetown, DE 19722  
 Phone: (302) 515-3302  
 Email:  
 DHSS\_DPH\_SCEHS@delaware.gov

NAME OF CAMP: \_\_\_\_\_

LOCATION OF CAMP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OPERATED BY: \_\_\_\_\_

(List name of individual, club, corporation, etc.)

OPENING DATE: \_\_\_\_\_ CLOSING DATE: \_\_\_\_\_

DIRECTOR: (Full name): \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_

TYPE OF CAMP PERMIT REQUESTED: \_\_\_\_\_ DAY \_\_\_\_\_ PRIMITIVE  
 \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ TRAVEL \_\_\_\_\_ TROOP

REQUESTED CAPACITY: \_\_\_\_\_ PERSONS AND / OR CAMPSITES: \_\_\_\_\_

DO YOU PLAN TO OPERATE IN SESSIONS: YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, NUMBER: \_\_\_\_\_ AND LENGTH OF SESSIONS: \_\_\_\_\_

NUMBER OF STAFF: \_\_\_\_\_

NUMBER OF STAFF 18 YEARS OLD & OVER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

■ Has any member of the Staff or operation ever been convicted of a Felony or Class “A” Misdemeanor? YES \_\_\_ NO \_\_\_

■ If YES, identify Type of Offense, Date, Location and name of Person Convicted.

TYPE OF FACILITIES: PERMANENT BLDGS \_\_\_\_\_ TENTS \_\_\_\_\_ OTHER \_\_\_\_\_

NUMBER OF SINKS: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

NUMBER OF TOILET FACILITIES: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

NUMBER OF SHOWER FACILITIES: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

In accordance with State of Delaware Regulations Governing the Sanitation of Recreational Camps adopted under Title 16 Del. C. Section 122, I, the undersigned, hereby make application for permit to operate a recreational camp.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

**OFFICIAL USE ONLY**

EHFS SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

HSP PLAN REVIEW ACTION: APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE: \_\_\_\_\_ (Revised 4/2024)