



**County of Moore
Health Department
705 Pinehurst Avenue • P.O. Box 279
Carthage, NC 28327**



**Robert R. Wittmann, MPH
Director**

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APPLICATION FOR SUMMER CAMP

***For Summer Camp requirements, applicants may refer to Rules Governing the Sanitation of Summer Camps NCAC 18A.1000**

1. Name of Camp: _____
2. Name of camp owner/responsible person: _____
3. Address of camp: _____
4. Planned dates of operation: _____
5. Capacity of camp: # of campers _____ # of staff _____
6. Water supply: _____ Sewage disposal _____
7. Food Service area: Kitchen provided _____ Yes _____ No
 Will kitchen be used out for other purposes _____ Yes _____ No
 If yes, please describe _____
 Will camp enroll in NC Summer Food Service Programs? _____ Yes _____ No _____
8. Describe equipment used to maintain hot and cold food temperatures: _____

9. Describe the methods for cleaning and sanitizing equipment: _____

10. Pest control operator: _____
11. Describe disposal of solid and liquid waste: _____
12. Summer camp provides cookouts or other camping activities outside the permitted areas:
 _____ Yes _____ No
13. Copy of camp site plan provided: _____ Yes _____ No
14. Summer camp has other permit issued by the Health Department of Division of Facility Services:
 _____ Yes _____ No

I hereby certify that this information in this application is correct, and I understand that any deviation without prior approval from the Health Regulatory Office may nullify plan approval.

Signature of Responsible Person: _____

"To Protect and Promote Health through Prevention and Control of Disease and Injury."
<http://www.moorecountync.gov/health/>

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