Office Use Only: ID #	Assigned Inspector	Check#	Amount

STATE OF MAINE HEALTH INSPECTION PROGRAM

LICENSE APPLICATION FOR CAMPGROUND & EVENT CAMPING

Applicant Information

Establishment Name: _____

Location of Business, E-911 Address: _____ Town/City, Zip Code: _____

Mailing Address; Town/City, Zip Code: _____

Business Telephone: _____ Business E-mail: _____

Contact Person's Name: _____ Contact Phone #: _____

Contact E-mail: _____. **THERE IS A 30 DAY REVIEW PERIOD AFTER RECEIPT OF A COMPLETED APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED FOR COMPLETION. IT IS ILLEGAL TO OPERATE UNTIL AN INSPECTION IS PERFORMED AND A LICENSE IS ISSUED.**

1. Licensing Information:

This business (check one):
- ☐ is new and has never been licensed.
- ☐ is presently ☐ was previously licensed by the Health Inspection Program (HIP). If so, provide HIP License ESTID# _____
- ☐ is presently ☐ was previously licensed by the Department of Agriculture, Conservation & Forestry DACF. If so, provide Department of DACF ID# _____

2. Business Information: Please Check one: ☐ Corporation/LLC ☐ Individual ☐ Partnership ☐ Association ☐ Other.

Corporation/LLC, Individual, Partnership, Association or Other Name: _____

Owner(s) Name: _____

Owner(s) Contact Phone and Email: _____

Owner(s) Mailing Address: _____

My business corporation is in good standing with the Secretary of State and all State Licensing Boards. ☐ Yes ☐ No

Planned Opening Date: _____ (Allow at least 30 days following your submission of a ***completed*** application before planning to open.)

Duration of Operation: ☐ Year-round ☐ Seasonal: Opening Date _____ Closing Date _____

Name of Temporary Events; _____ Dates of event: _____ to _____

3. Former Owner's Information, if applicable:

Former Owner's Name: _____ Former Business Name: _____

4. Business Proposal:

A. Please Check all that apply: ☐ Remodel ☐ Change of Ownership ☐ Change of Use ☐ Increase Use

☐ Other- Specify: _____

B. Describe the Business: _____

_____

C. **As applicable, indicate the proposed number of**:
Tent & Trailer Sites:_____Self-contained RV Sites_____ Wilderness Camp Sites:_____
Cottages:_____ Seats: _____Porta Potties:_____**Event Camping Sites**: _____

Pools/Spas: If you have a public pool or spa included in your establishment, please complete the License Application for Public Pools and Spas; HHE-640.

5. License Type & Fees: Check (✓) **ONLY ONE BOX** for your proposal:

6. Campground	CHECK HERE	FEES
Campground – Agricultural Fair		$270.00
Campground - Wilderness		$205.00
Campground – Self-Contained RV Only		$205.00
Campground Tier 1: 5-24 Sites		$205.00
Campground Tier 2: 25-124 Sites		$240.00
Campground Tier 3: More Than 124 Sites		$270.00
Event Camping		$270.00
Combo Eating and Campground		$300.00

MISCELLANEOUS FEES	
Reprint License	$25.00
Late Renewal within 30 days of license expiration date	$25.00
Late Renewal more than 30 days after expiration date	$100.00 for 1st offense + $25 for first 30 days
Additional Inspection	$100.00
Insufficient Funds	$25.00

6. Campground Plan:

Is the campground a wilderness campground (primitive sites only with no access to water and no sanitary buildings) or a conventional campground with pressurized water and sewer/bathroom facilities?

Check one: ☐ wilderness campground ☐ conventional campground ☐ combination ☐ event camping-temporary

Event camping means overnight use of areas associated with events lasting four or fewer consecutive nightsfor 50 or fewer nights in a calendar year. Event camping may include, but is not limited to, race-tracks, non-agricultural fairs, festivals, and shows where camping is incidental to the event occurring, and meets the event camping criteria in Section 4 of CH 201: The Rules Relating to the Administration and Enforcement of Establishments Regulated by the Health Inspection Program

Please Note:

a. For existing campgrounds, please provide the site plan.

b. For new, expanded or altered campgrounds, submit complete engineering plans drawn to scale with specifications of the proposed park or area showing, when applicable: the number and location of R.V.'s and tenting sites, location of roads, electrical and water hookups, and sewer hook-ups, if any are provided. If the plan is not drawn to scale, the dimensions and setbacks must be clearly labeled.

c. **All Plans** should indicate where dump station(s) are located and the location of restroom facilities including number of toilets, urinals, lavatories, and showers.

The campground site plan must show the location of any drinking water wells within 300 feet of any wastewater disposal systems or fuel storage tanks, and the location of any wastewater disposal systems used on the campground. Refer to the Campground Rules at *http://www.maine.gov/sos/cec/rules/10/chaps10.htm*.

Event Camping Only: If sanitary facilities are offered, the applicant must provide at least one portable toilet per 150 people. Please provide the contract and maintenance agreement for this portable toilet.

7. Drinking Water:

a. Does your water come from a public city/town water supply?

☐ **Yes**, provide the name of the city/town water supplier to which you pay your water bill. _____. Then, skip to #8 Wastewater Disposal.

☐ **No**, please indicate private source or potential source of water: If no water supplied skip to 8.

- ☐ Drilled Well
- ☐ Surface Water
- ☐ Dug Well

b. Is or was your business regulated by the State Drinking Water Program as a public water system? Yes, provide your Public Water System ID#_____, answer question 7C. and skip to #8 Wastewater Disposal.

c. If no or unsure, please contact the Maine Drinking Water Program at 207-287-2070 and **continue:**

c. Will your business serve tap water in any of the following forms? Check all which apply**.** If you checked "Yes" to any of the questions below, and are not served by public water, you will be regulated by the Maine Drinking Water Program and should contact them at 207-287-2070.

- ☐ Cups/glasses of water.
- ☐ Drinks made on site (soda, lemonade, slush drinks, iced tea, juices, etc.).
- ☐ Ice made onsite.
- ☐ Drinking water fountain.
- ☐ Cups in the restroom or near any sink available to the public.
- ☐ Water is used as an ingredient for uncooked foods made onsite. For example, instant gelatin desserts.
- ☐ Other, specify:_____

d. Are you applying for a change of ownership?

☐ If **Yes**, please provide the following water test results from a certified Laboratory for the following tests:

Nitrate, Nitrite, Total Coliform	Samples must be taken within the last 3 months before the date this application is received.

☐ If **No**, please provide the following water test results from a certified Laboratory for the following tests:

Nitrate, Nitrite, Total Coliform	Samples must be taken within the last 3 months before the date this application is received.
Antimony, Arsenic, Chloride, Fluoride, Hardness, Iron, Manganese, pH, Uranium	Samples must be taken within one year before the date this application is received.

For a list of Certified Laboratories, see *www.medwp.com* or call the Maine Drinking Water Program at 207-287-2070.

(Please ensure all tests are included on your water test report to ensure timely processing of your application.)

e. If there are underground fuel storage tanks within 1000 feet of the well, a volatile organics water test(VOC 524) must also be done.

f. Additional sampling may be required if known contamination has occurred near the well. For a list of Certified Laboratories, see *www.medwp.com* or call the Maine Drinking WaterProgram at 207-287-2070.

g. A site plan (more detailed map of the well site)

h. Drilled well construction information (if known):

Depth_____ft. Length of casing_____ft. Yield_____gal/min.

i. A description of the major components in the water system:

Storage (type of Tank and Size): _____

Treatment (type, manufacturer): _____

Piping (type, above or below ground):_____

j. Distance from the well to the nearest point of all leach fields (septic systems) within 300 feet? _____(feet). ***If less than 300 feet, please stop and contact the Drinking Water Program at 207-287-2070 before submitting this application.***

k. Distance from the well to all underground storage tanks within 1000 feet?_____(feet). ***If less than 1000 feet, please stop and contact the Drinking Water Program at 207-287-2070 before submitting this application.***

l. Distance from the well to the nearest property line?_____(feet)

m. How much land is controlled and/or owned around the well?_____(acres)

If you qualify as a public water system (PWS), you will be assessed a fee by the Maine Drinking Water Program onJuly 1st of each year.

8. Wastewater Disposal:

Is wastewater disposed to an on-site wastewater disposal system, either proposed or existing? ☐ Yes ☐ No

If no, please provide the name of the city, town, or utility district to which you pay your sewer bill, or a copy of anoverboard discharge license issued by the Maine Department of Environmental Protection.

Public Sewer Entity: _____

If yes, you must complete the attached "Onsite Wastewater Disposal System – Local Review and Verification Form" **on page 8 (Appendix C)** and have **your Local Plumbing Inspector verify compliance** with the Maine Subsurface Wastewater Disposal Rules, 10-144 CMR 241 (the Rules). The Local Plumbing Inspector must verify that either the existing subsurface wastewater disposal system has the capacity to accept the wastewater to be generated as required by the Rules or that an expanded system has been designed and approved that meets applicable design requirements found in the Rules. Municipal records for your property should include copies of wastewater disposal system designs completed to date. If the municipality cannot locate a copy of the design(s) you may search here https://apps.web.maine.gov/cgibin/online/mecdc/septicplans/index.pl

Demonstration of adequate wastewater disposal system capacity for the use proposed is required prior to licensure by the Health Inspection Program.

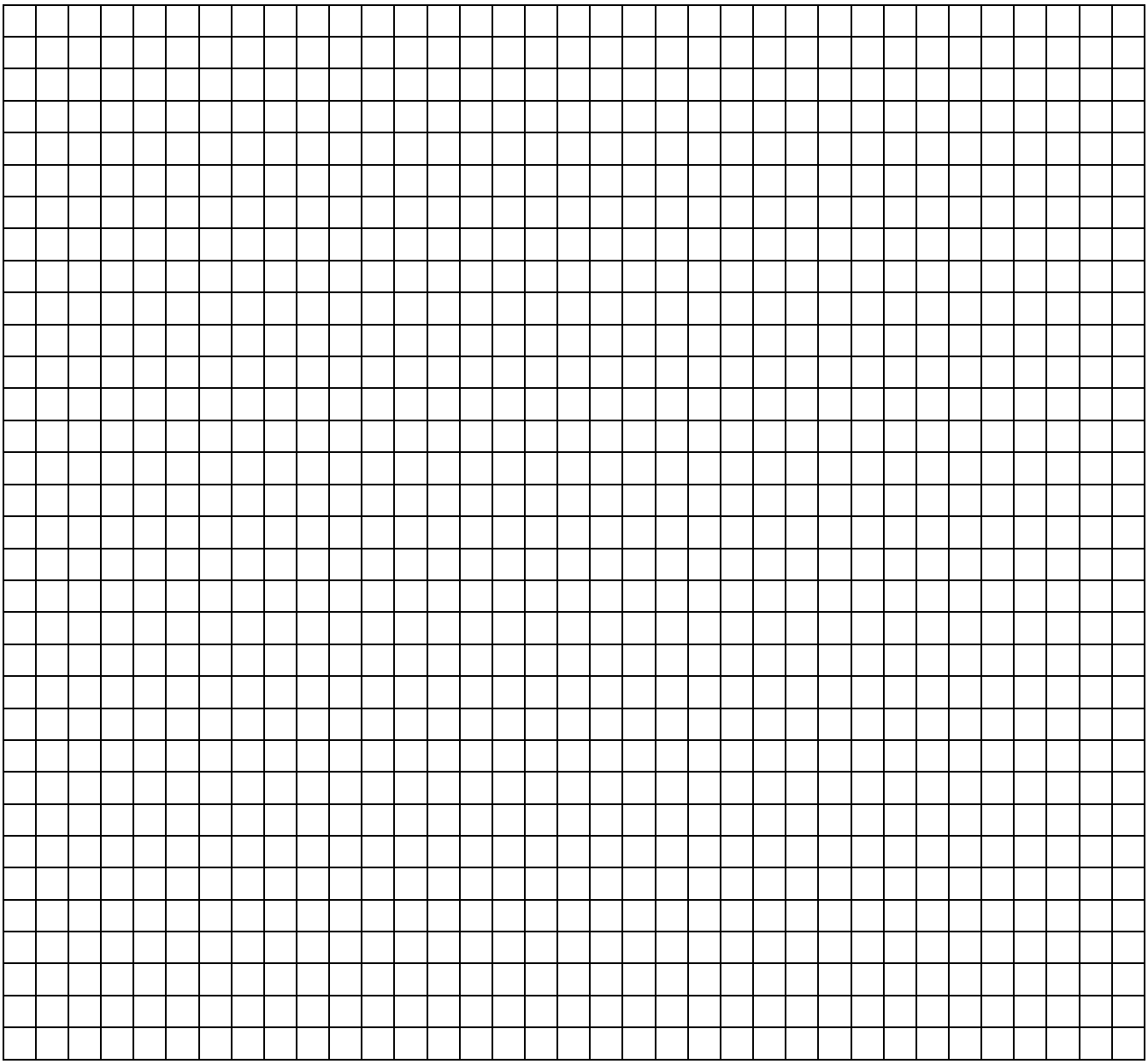
Please visit our website for more information regarding wastewater disposal systems at *www.mainepublichealth.gov/septic-systems*.

9. Menu: (Only applies to combo eating & campground license)

Attach a copy of your menu, or a draft menu.

10: Kitchen or Food Preparation Area Plan: (Only applies to combo eating & campground license)

Use this grid or a separate sheet of graph paper to draw a floor plan or provide a floor plan prepared by a knowledgeableparty, for eating place food preparation area(s)/kitchen(s). If the plan is not drawn to scale, the dimensions must be clearly labeled.



The floor plan should include the following items.

Sinks:	Toilet Facilities:	Refrigeration:	Facilities:
1. Hand Washing	1. Toilets	1. Walk-in Coolers	1. Food Preparation Areas
2. Ware Washing	2. Sinks	2. Walk-in Freezers	2. Food Storage Areas
3. Utility	3. Urinals	3. Freestanding Coolers	3. Trash/Refuse/Redemption Areas
4. Food Prep	4. Other	4. Freestanding Freezers	4. Dining Areas
5. Dipper Wells		5. Ice Maker	5. Equipment/Counters/Seats/Tables
6. Other		6. Other	6. Dry Storage/All Other Storage

Eating Place Business Review: (Only applies to combo eating & campground license)

Complete the table below by filling in the blanks and placing a check mark or number where appropriate.

COLD STORAGE	
Walk-in Cooler	
Reach-in Refrigerator	
Closed Display Refrigerator	
Open Display Refrigerator	
Refrigerated Buffet Unit	
Beverage Cooler	
Refrigerated Food Prep. Unit	
Rapid Pull-down Refrigerator	
Walk-in Freezer	
Reach-in Freezer	
Closed Display Freezer	
Open Display Freezer	
Freezer Buffet Unit	
Other	

Metal Shelves	
Wooden Shelves	
Plastic Shelves	
Cabinets	
Bins (food grade)	
Barrels (food grade)	
Bulk	
Pallets	
Other	

PROPOSED OPERATING HOURS		
Sunday:	AM/PM	AM/PM
Monday:	AM/PM	AM/PM
Tuesday:	AM/PM	AM/PM
Wednesday:	AM/PM	AM/PM
Thursday:	AM/PM	AM/PM
Friday:	AM/PM	AM/PM
Saturday:	AM/PM	AM/PM

KITCHEN EQUIPMENT & SINKS (Numbers)	
Ice Machine(s)	
Ware washing Sink(s) with 3 basins	
Ware washing Sink(s) with 2 basins	
Hand washing Sink(s)	
Utility Sink(s)	
Food Prep Sink(s)	
Ware washing Machine(s)	
Microwave(s)	
Hot Holding	
Oven(s)	
Other	

Meals being served: Please check all that apply

☐ **Breakfast** ☐ **Lunch** ☐ **Supper**

SERVICE PROVIDED	
Take-out	
Buffet	
Sit-Down	
Delivery	
Window	
Catering	
Single Service Tableware	

TOILET FACILITIES	
Number of Fixtures:	
Men's Bathroom	
Toilets	
Urinals	
Sinks	
Women's Bathroom	
Toilets	
Sinks	
Employee Bathroom	
Toilets	
Urinals	
Sinks	
Other (describe)	

CERTIFIED FOOD PROTECTION MANAGER(S) See below.

Name:	Certificate Date:
Name:	Certificate Date:
Name:	Certificate Date:
Name:	Certificate Date:

IMPORTANT: In order to complete your application, you <u>MUST</u> submit a valid copy of your Certified Food Protection Manager certificate with your application for new establishments or change of ownership. Contact the Health Inspection Program at 207-287-5671 for more information. Go to *www.maine.gov/healthinspection* for a list of CFPM courses. Provide a <u>copy</u> of a CFPM certificate for each certified person.

11. Signature:

I,_____, Owner/Operator of the business, **hereby state that this**

PLEASE PRINT NAME CLEARLY

application is accurate to the best of my knowledge. I further acknowledge that I am aware that deliberate falsification of the information herein shall be sufficient cause for denial of a license to operate the business. Discovery of deliberate falsification of information on this application after a license is issued may subject the individual to penalties, fines and other sanctions authorized by licensing statutes and rules, as well as theimposition of any other penalties, fines and sanctions provided by law.

22 MRS §2497. Right of entry, inspection and determination of compliance

The department and any duly designated officer or employee of the department have the right, without an administrative inspection warrant, to enter upon and into the premises of any establishment licensed pursuant to this chapter at any reasonable time in order to determine the state of compliance with this chapter and any rules in force pursuant to this chapter. Such right of entry and inspection extends to any premises that the department has reason to believe is being operated or maintained without a license but no such entry and inspection of any premises may be made without the permission of the owner or person in charge unless a search warrant is obtained authorizing entry and inspection.

Applicant's Signature_____Date of Signature_____

THERE IS A 30 DAY REVIEW PERIOD AFTER RECEIPT OF A COMPLETED APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED FOR COMPLETION. IT IS ILLEGAL TO OPERATE UNTIL AN INSPECTION IS PERFORMED AND A LICENSE IS ISSUED.

PLEASE MAIL TO:

HEALTH INSPECTION PROGRAM
286 WATER STREET 3rd FLOOR
AUGUSTA ME 04330



Please refer to the License Type & Fees for specific fees for various licenses on page 2

MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF MAINE
(Fees are non-refundable.)

For more information, please refer to our rules http://www.maine.gov/sos/cec/rules/10/chaps10.htmCh. 200: Maine Food Code, Ch. 206: Rules Relating to Lodging Establishments

If you have questions, please email the Health Inspection Program at HipLicensing.DHHS@maine.gov.

We wish you remarkable success in your business!

Appendix C
On site Wastewater Disposal System - Local Review and Verification Form

This form is to be used by Health Inspection Program license applicants to demonstrate that their facility has adequate **wastewater disposal** system capacity for the use proposed. This form must be presented to the Local Plumbing Inspector of themunicipality where the facility is located for review and approval of wastewater disposal system capacity.

Please include this completed form with your license application.

Health Inspection Program
Onsite Wastewater Disposal System Local Review and Approval Form
HHE-602 Appendix C

To Be Completed By The Owner /Applicant Date:_____

Facility Name: _____

Facility Physical Address: _____

Facility: ☐ Owner ☐ Operator

Telephone:_____ E-mail:_____

Mailing Address: (if different from above):_____

_____

Check all the boxes that apply. Are you proposing: ☐ New Construction ☐ Remodeling ☐ Change in Use

☐ Change in Ownership ☐ Increased Use ☐ Other Please Specify: _____

Please describe the proposed use or proposed change in existing use for this property:

a. Prior Use: _____ (for example " takeout with 40-seats","a 40-site campground", or not previously licensed.)

b. Proposed Use: _____ (List number of units for example: "a 40-seat restaurant", "a 30-unit motel" or "no change in use"

c. Are you a new owner of the establishment? : ☐ Yes ☐ No

Please have the Local Plumbing Inspector at your town office verify that he/she has reviewed your proposal and has determined that: A.) the existing wastewater disposal system has the capacity required for your proposal; or B.)you have had a new or expanded wastewater disposal system designed, installed and inspected that will meet the requirements for proper wastewater disposal. **Uses that increase wastewater disposal system design flows by more than 25%, including prior unapproved increases, must be installed at the time of expansion or change of ownership as required in Section 9 of the Maine Subsurface Wastewater Disposal Rules.**

To be completed by the Local Plumbing Inspector:

MANDATORY: LPI PLEASE WRITE IN THE NUMBER OF INDOOR/OUTDOOR SEATS, ROOMS, CAMPERS AND/OR SITES

Seats In: _____ Seats Out: ____ Rooms:_____ Cottages: ____

Campground Sites: _____ Youth Camp Campers:_____ Youth Camp Staff: _____

OBD COMPLIANT: ☐ YES ☐ NO

(If has an Overboard Discharge System for wastewater disposal, contact DEP Compliance Staff: https://www.maine.gov/dep/water/wd/OBD/index.html. _____# of gallons licensed to discharge.

(To request a record search for difficult to find to find permits please visit https://www.mainepublichealth.gov/septic-systems.)

I, _____ the undersigned, have reviewed the proposal for the subject property and find that the property is either served by an existing wastewater disposal system that meets the design requirements for the proposed use or the applicant has submitted an application for an expanded system design (and installation if required by the Expansion section of the Rules) that meets the design requirements of the Rules and any relevant local ordinances forthe proposed use.

LPI Signature _____ **Date**