



Morrison County will provide cost effective, high quality services to county residents in a friendly and respectful manner.

Health & Human Services

Nate Bertram

Director

213 First Avenue SE

Little Falls, Minnesota 56345-3196

www.co.morrison.mn.us

General Information: 320-632-7800

Toll Free: 1-800-269-1464

Fax: 320-632-0372

Special Event Camping Application

For internal office use only:

Amount \$ _____ Check # _____ Cash _____

Received by: _____

Reviewed by: _____ Yes _____ No _____

Applications must be submitted 14 days prior to the event.

Special Event Camping Area License - \$47 base fee plus category fee for # of sites

A \$22 late fee will be assessed if application is not received by Morrison County Health & Human Services 14 days prior to event. Email: phenvhealth@co.morrison.mn.us

(Sponsoring Organization)

(_____) _____
(Daytime Phone)

(Address)

(City)

(State)

(Zip)

(Person in Charge)

(_____) _____
(Daytime Phone)

(Address)

(City)

(State)

(Zip)\

(E-mail address)

(Name of Event)

(Location)

Day(s) of Week & Date(s)

(Time)

Number of Camping Sites:

Number of Square Feet per Camping Site:

If 50 or more camping sites, provide the name of the responsible attendant or caretaker:

Type of toilet facility provided _____

Number of toilet facilities provided _____

Distance from toilet to farthest site _____

Will there be a central shower building? _____

If so, how many showers will be provided? _____

How is water going to be provided? _____

Dump station provided? _____

Water source:

Municipal
 Other, please explain _____

Describe methods of liquid and solid waste disposal.

- This application is approved only for operation as specified above; additional approval is required for any changes.
- This license fee is good for 2 special event camping area licenses annually not to exceed 14 consecutive days of operation.

<u># of Sites</u>	<u>Category Fee</u>	
5 – 25	= \$44	Base Fee: \$ <u>47</u>
26 – 50	= \$89	+
51 – 75	= \$136	Category Fee: \$ _____
76 – 100	= \$178	=
101 or more	= \$276	\$ _____

of campsites used at last year's event, if applicable _____

Make checks payable to Morrison County Health & Human Services

Signature: _____ Date: _____
(Person in charge of Special Event Camping Area)

Printed Name: _____
(of above signature)