



*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](http://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](mailto: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>
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5 – 25	= \$44
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26 – 50	= \$89
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51 – 75	= \$136
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76 – 100	= \$178
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101 or more	= \$276
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Base Fee: \$ 47

+

Category Fee: \$ \_\_\_\_\_

=

\$ \_\_\_\_\_

# 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)