

Special Event Camping Area (SECA) Application Renewal New Change

Notice to all applicants: Minnesota Statutes, section 270C.72, subd. 4, requires you to supply your Minnesota business tax ID number or your social security number. Minnesota Statutes, Section 176.182 also requires information regarding workers' compensation insurance. All data submitted, except the social security number, is public data.

Where should the license certificate, renewals, and notices be sent? Owner Address Park Address

Applicant/Owner Information

Corporation Name: _____ Primary Officer: _____

Individual Operator: First Name _____ MI: _____ Last Name: _____

Operator's Social Security #: _____ Phone#: _____

MN Business Tax ID#: _____

Email Address: _____

Designated Mailing Address: _____
Street/PO Box _____ City _____ State _____ Zip _____

Camp Information

Owner Name: _____

Camp Address: _____
Street/PO Box _____ City _____ Zip _____

County: _____ Township: _____ Lake: _____ Phone: _____

Emergency Contact: _____ Emergency Phone#: _____

Type of Operation (check one): Year Round Seasonal –months of operation: _____ to _____

Type of Water Supply (check one): Private Well Water – Well #: _____ Municipal Water

Type of Sewage Treatment (check one): Private Sewage Treatment System Municipal Treatment

Is there a public pool at the park/camp? No Yes Swimming #: _____ Spa #: _____

Is there a food and/or beverage service at the park/camp? No Yes License #: _____

Is there lodging at the park/camp? No Yes License #: _____

Number of fixtures, if provided:

| | Flush Toilets | Privies | Showers | Urinals | Sinks |
|-------|---------------|---------|---------|---------|-------|
| Men | | | | | |
| Women | | | | | |



DEFINITIONS:

Special Event Camping Area – A recreational camping area which operates no more than two times annually and for no more than 14 consecutive days.

Public Swimming Pools – any swimming pool other than a private residential swimming pool.

Spa Pool – a public hot water pool intended for seated recreational use.

Individual Water - a private water supply other than a community public water supply.

Individual Sewer - a private sewage treatment system which uses subsurface treatment and disposal.

Late Penalty – additional charge added to the license fee when a person operates a business without first having made application and fee payment for the current year license. **A Special Event Camping Area shall pay a late penalty of \$360 for failing to obtain a license prior to operating.

Notice: You must submit this application and pay all fees BEFORE you begin operation. (MN Statutes, section 157.16)

Plans and specifications for any increase in sites must be submitted to and approved by the regulatory agency before any construction can begin. Please contact this office for plan review information.

Workers Compensation Information

Insurance Company name: _____

Designated Address: _____

Policy #: _____ Date of Coverage: _____ Through _____

I certify that I am not required to carry workers' compensation liability coverage because:

- I am a sole proprietor or partner and I have no employees.
- I have no employees who are covered by the workers' compensation law. Note: Only employees exempt by statute (spouse, parent, and children) are not covered by the workers' compensation law.
- I represent a nonprofit association which does not pay more than \$1000 in salary or wages in a year.

Fees

Base Fee.....\$175

Special Event Camping Area # of Sites: _____ X \$1 \$ _____

Individual Water or Sewer? Yes Add \$60 _____

Total Fee Calculation \$ _____

*If Late Penalty Applies.....Add \$360

Total Fee Due If Including Late Penalty.....\$ _____

Note:

*Penalty fee due if application received less than 14 days prior to first event.

**An NSF check to this department will require an additional service charge of \$30 per check as in Minnesota Statutes, Section 604.113, subd.2 (a). Additional civil penalties may be imposed for nonpayment.

I certify that the information provided on this application is accurate and complete:

Signature: _____ Date: _____

Make checks payable to: Clay County Public Health

| | |
|-----------------------------|-------|
| For Office Use Only: | |
| Inspector Initials: | _____ |
| Check #: | _____ |
| Amount: | _____ |
| Clay County/MDH | |