



Health and Human Services

Brad Vold

Director

213 First Avenue SE
Little Falls, Minnesota 56345

www.co.morrison.mn.us

General Information: 320-632-6664

Toll Free: 1-866-401-1111

Fax: 320-632-0372

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

Spring/Summer 2022

Dear Special Event Camping Area Organizer:

Because your organization will be providing recreational camping to the public, it is necessary that you meet all health department requirements. As an organizer of a special event camping area, you are required to apply for a license from Morrison County Health and Human Services. A license is required for camping areas that are operated for profit and non-profit. The license fee includes a **\$47 base fee in addition to the appropriate category fee for the number of camping sites**. This fee allows your organization 2 events in one year and not to exceed a total of 14 days. A new license application is required for each event.

Enclosed is a Special Event Camping Area (SECA) Application that must be filled out completely and returned to our office 14 days prior to the event with **proper license fees as calculated on the application**. **A \$22 late fee will be assessed if the application is not received by Health and Human Services 14 days prior to your event**. Your application will be reviewed and for approved applications, a license will be mailed or emailed to you. The license must be posted at your camping area.

The following items are to be kept in mind when applying for a special event camping license:

1. Recreational vehicles parked on a city street do not need a SECA license.
2. An approved dumping station for RV use is located at Holiday Gas Station, 1704 1st Ave NE, Little Falls, Minnesota
3. No license is required for 4 or less RVs
4. Requirements for a SECA (enclosed) must be met in order to obtain licensure.

We reserve the right to inspect special event camping areas before issuing a license. If you have any questions or concerns please email phenvhealth@co.morrison.mn.us or call (320) 632-6664.

Sincerely,

Michelle Warnberg
Registered Sanitarian

Carmen Genske
Registered Sanitarian



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Little Falls, Minnesota 56345-3196

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SPECIAL EVENT CAMPING AREA APPLICATION

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 and 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 and Human Services****

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

Date: _____

Printed Name: _____
(of above signature)

For Office Use Only:

Date Received: _____ Check # _____ Amount: \$ _____

Approved? ___ Yes ___ No

Date: _____ Signature: _____