

**SECTION 1: ESTABLISHMENT INFORMATION**

APPLICATION IS FOR: <input type="checkbox"/> NEW BUSINESS OR <input type="checkbox"/> CHANGE OF OWNERSHIP		PROPOSED OPENING DATE:	
ESTABLISHMENT NAME:	PREVIOUS ESTABLISHMENT NAME (if applicable):	PREVIOUS LICENSE #:	
PHYSICAL ADDRESS:	ESTABLISHMENT PHONE:	CELL PHONE:	
CITY:	COUNTY:	STATE:	ZIP
EMAIL (REQUIRED):			
SEASONAL OPERATION: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates open: From: _____ To: _____	WATER SUPPLY <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Rural	SEWER SYSTEM <input type="checkbox"/> Public <input type="checkbox"/> Private	

**SECTION 2: OWNERSHIP INFORMATION**

OWNER NAME (CORPORATION, LLC, SOLE OWNER):	PRIMARY CONTACT NAME:		
MAILING ADDRESS:	OWNER PHONE:	CELL PHONE:	
CITY:	STATE:	ZIP:	
EMAIL:			

**SECTION 3: LICENSING FEES**

Total # of Campsites:	FULL YEAR FEE: Jan 1 – Dec 31	HALF YEAR FEE: July 1 – Dec 31 <sup>1</sup>	FEE TOTAL
<input type="checkbox"/> 2 - 25 sites	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$50.00	<input type="text"/>
<input type="checkbox"/> 26 - 100 sites	<input type="checkbox"/> \$138.00	<input type="checkbox"/> \$69.00	
<input type="checkbox"/> 101 - 200 sites	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$87.50	
<input type="checkbox"/> 201 - 300 sites	<input type="checkbox"/> \$213.00	<input type="checkbox"/> \$106.50	
<input type="checkbox"/> 300 + sites	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$125.00	
<b>Initial License Fee<sup>3</sup>:</b> See reverse side for explanation	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00	<input type="text"/>

**SECTION 4: WATER RECREATION**

Number of Pools or Hot Tubs:	Pools: _____	Hot Tubs: _____	
<b>FULL YEAR FEE:</b>	None: <input type="checkbox"/> \$0 One: <input type="checkbox"/> \$40.00 2 more: <input type="checkbox"/> \$65.00		<input type="text"/>
<b>HALF YEAR FEE:</b>	None: <input type="checkbox"/> \$0 One: <input type="checkbox"/> \$20.00 2 more: <input type="checkbox"/> \$32.50		
Is Your Pool Or Hot Tub Associated With Another Licensed Establishment? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please Name Other Licensed Facility _____			TOTAL ALL FEES ABOVE \$ <input type="text"/>

**SECTION 5: SIGNATURE**

I certify that the information provided is true and accurate. I consent to allow inspections of the food service, lodging, or campground establishment by authorized inspectors during normal business hours upon presentation of identification.

SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

# INSTRUCTIONS

A. The license will not be issued until an on-site inspection is conducted and the campground is in compliance. Construction plans and plan review questionnaire(s) are required for new establishments or changes to existing establishments 30 days prior to initiating construction. The plans must be submitted to:

**SD Dept. of Health, Office of Health Protection, 600 E Capitol Ave, Pierre, SD 57501-1700.**

B. Fill out the application completely. An incomplete application cannot be processed. It will be returned to the sender, and may result in the denial of a license.

- **Section 1: Establishment information** – Please indicate whether the application is for a new business or a change of ownership, along with the initial proposed opening date. Enter the establishment name, previous establishment name (if applicable), the previous license number (if applicable), physical address, phone numbers, and email address in the top section of the application. If the establishment is only open seasonally, please enter the operational dates. Also, indicate the type of water and sewer system used by the establishment.
- **Section 2: Ownership information** - Enter the ownership name (corporation or LLC is applicable), primary contact, mailing address, phone numbers, and email address.
- **Section 3: Licensing Fees** – Choose the number of camping sites for your establishment and select the appropriate full-year or half-year fee based on the sites. The yearly inspection fees are included with the license fee. If unsure, please call 605-773-4945 for assistance.  
<sup>1</sup>**Half-year license fees apply only to establishments with an initial opening date occurring after July 1st and before December 31<sup>st</sup>.** Enter the appropriate fee amount in the fee total column.  
<sup>2</sup>**The initial license fee will always apply unless this application is for a CHANGE OF OWNERSHIP of an establishment that has operated within the last 12 months and no renovations have taken place or are planned in the immediate future.**
- **Section 4: Water Recreation Fees** – This section pertains to the number of pools or hot tubs the campground establishment provides. Please enter the number of pools and hot tubs, select the appropriate full year or half year fee, and enter the amount in the fee total column. **Half-year fees apply only to establishments with an initial opening date occurring after July 1<sup>st</sup> and before December 31<sup>st</sup>.** If your pool or hot tub is utilized by another licensed establishment, please check yes and indicate the name of the establishment. Add up all fees in the fee total column and enter the total in the amount you owe box.
- **Section 5: Signature** – Once the application has been completed, sign the application.

C. Submit the completed license application and required license fees to:

(NOTE: Make checks payable to the **SD Department of Health**; starter checks will not be accepted)

**SD Department of Health  
Office of Health Protection  
600 East Capitol Ave  
Pierre, SD 57501-1700**

The South Dakota Department of Health will issue or renew a license only after payment of the required fee, ascertaining the facts set forth are true and complete, and satisfactory evidence of the applicant's ability to comply with the provisions of SDCL Chapter 34-18 and the rules promulgated thereunder.

IF YOU HAVE ANY QUESTIONS, CONTACT THE DEPARTMENT OF HEALTH AT (605) 773-4945

**LICENSE EXPIRES DECEMBER 31<sup>st</sup> OF EACH YEAR**