

Application for Permit for Operation of a Recreation Camp by a Leasing Camp Group

A leasing camp group shall mean a group utilizing a permanent camp's physical facilities for a period of more than 48 hours for purposes described in the definition of a recreational camp BUT which furnishes their own "operational" staff for such camp. The operational staff of a camp shall include but not be limited to the camp operator, persons directly responsible for food preparation and service, the operators and maintenance personnel of the physical facilities, utilities and recreational facilities, including swimming pools, of such camp, and those otherwise responsible for the health and safety of campers.

Name and address of Permanent Camp Leased: _____

Leasing Group Information:

Organization: _____

Address: _____

Director: _____

Director's Address: _____

Dates of Operation: _____

Phone Number: _____

I have read the Rules and Regulations for Recreation Camps, Title 178 Chapter 1, and I understand that a permit may be temporarily suspended or permanently revoked by the Department for failure to protect the health and safety of the occupants of the camp or a failure to comply with the recreational camp rules, regulations and statutes prescribed by the Department.

Signature of Camp Director: _____

Date: _____

Mail this application along with \$25 to: EHHS, Drinking Water and Environmental Health, PO Box 95026, Lincoln, NE 68509-5026. Questions call 402/471-0903.

** The U.S. Citizenship Attestation on page 2 must be completed before the permit is issued. **

United States Citizenship Attestation

On April 8, 2009, the Governor signed into law Legislative Bill 403 (LB 403) which requires the **verification of lawful presence in the United States** for recipients of public benefits, public contractors, and public employees. LB 403 is codified in statute at Neb. Rev. Stat. §§ 4-108 through 4-114.

Public Benefits. For the purposes of this laws, public benefits are defined to mean "any grant, contract, loan, **professional license, commercial license**, welfare benefit, health payment or financial assistance benefit, disability benefit, public or assisted housing benefit, postsecondary education benefit, food assistance benefit, or unemployment benefit or any similar benefit" provided by a governmental agency. There are limited exceptions in the law for certain benefits such as emergency health care services, short term noncash disaster relief, and life safety services.

Each of the licenses, certifications registrations and permits in the DHHS Environmental Health Unit are considered commercial licenses. For this reason, in order to comply with the requirements of Neb. Rev. Stat. 4-108 through 4-114, each applicant or renewing applicant must address the information on the attestation below.

The attestation form **must** be completed by the following:

1. An applicant or for a professional license or renewal of a license
2. An applicant for a commercial license or renewal of a commercial license where the business or entity is **owned by an individual**.

NOTE: In those cases where a business or entity is owned by a corporation, partnership, government, etc., the bottom of the attestation form needs to be completed. Please indicate the ownership of the organization. **Return the completed attestation form with your application or renewal form. Applications and renewals can not be processed without the attestation form.**

Providing this information is critical and absolutely necessary. Completion of the form will expedite your application or renewal. We appreciate your cooperation. If you have questions, please contact the program personnel indicated on your application.

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-111, I attest as follows:

I am a citizen of the United States.
--- OR ---

I am a qualified alien under the federal immigration and Nationality Act, my immigration status and alien number are as follows: _____ and I am providing a copy of my USCIS documentation.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME: _____
(first, middle, last)

SIGNATURE: _____

DATE: _____

- It is not necessary to complete the Attestation. Please explain why? (For example: corporation, partnership, etc.)