Charles C. Kokoros
Mayor

Department of Municipal Licenses and Inspections
Mary E. McGrath, R.S., Director
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Building Division Telephone: 781-794-8070 Fax: 781-794-8022
Health Division Telephone: 781-794-8090 Fax: 781-794-8098

RECREATIONAL CAMP
LICENSE APPLICATION

Camp Name and Location Information

Camp Name:		
Location where camp operates:		
City:	State:	ZIP Code:
Phone:	Fax:	
Email:		
Website/Social Media address:		

Camp Owner/Organization Information

Owner/Organization Name:		
Primary Mailing address:		
City:	State:	ZIP Code:
Phone(year-round):	Fax:	
Email: ☐ send license to this email address		

Camp Director/Operator Information (if different than owner)

Director/Operator Name:		
Primary Mailing address:		
City:	State:	ZIP Code:
Phone(year-round):	Fax:	
Email: ☐ send license to this email address		

Camp Operating Information

If the camp previously operated in Massachusetts provide: year(s) the camp operated and the name(s) the camp operated under:

☐ N/A From:_____ To:_____ Name(s):_____

Has the camp's license ever been suspended or revoked:(check):	Day or Residential Camp:
☐ Suspended ☐ Revoked ☐ Neither	☐ Day ☐ Residential

Seasonal or Year-Round Camp:

☐ Seasonal
☐ Year-Round

Seasonal camp only:
Opening Date for camp:_____

Closing Date for camp:_____

Hours of Operation:_____

Swimming Pool(s):
☐ Yes ☐ Off-site
☐ No

Pool Permit Number:_____
Off-Site Pools (if applicable):_____

Total Number of Pool(s): _____

Bathing Beach(s):
☐ Yes ☐ Off-site
☐ No

Names of lake or river located at camp (if applicable):
_____

Off-Site beaches (if applicable) :_____

Meals Provided:
☐ Yes ☐ No

Food Permit Number:_____

Camp Capacity (per Session):
Campers:_____ Staff:_____ Total Number for the Year:_____

Health Care Consultant Information

Name:

MA License Number:

Phone (to reach during camp operations):

Type of Medical License:

☐ Physician ☐ Physician Assistant ☐ Nurse Practitioner (NOTE: Attach documentation of pediatric training if a PA) ☐ Other:_____

Health Care Supervisor Information

Name:

MA License Number:

Age:

Type of Medical License, Registration or Training 105 CMR 430.159(C):

☐ Physician ☐ Nurse ☐ Physician Assistant ☐ Nurse Practitioner ☐ Other:_____ Please attach documentation of current First Aid / CPR Training

Aquatics Director Information ☐ N/A

Name:

Age:

Lifeguard Certificate issued by:
_____
_____
Expiration date:_____

American Red Cross CPR Certificate:
_____
_____
Expiration date:_____

American First Aid Certificate:
_____
_____
Expiration date:_____

Previous aquatics supervisory experience:
_____
_____
_____

Firearms Instructor Information ☐ N/A

Name:

National Rifle Association Instructor's card (or equivalent):

Date Certified:_____ Expiration date: _____

Horseback Riding Instructor Information ☐ N/A

Name:

License Number:

Expiration date:

Stable Location: _____

_____

Licensed in accordance with MGL c.111 §155, 158: ☐ Yes ☐ No

Drinking Water and Plumbing Information

Is the camp a Public Water System (PWS) or connected to a town water supply?

☐ PWS
☐ Town water supply
☐ Other: _____

Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by on-site sewage disposal system(s)?

☐ Municipal/Off-Site
☐ On-Site (if on-site, Date of most recent septic tank pumping and inspection: _____)
☐ Other: _____

Renewal or Previously Submitted Information

If **ALL** of the above information was previously submitted **and** has not changed, please note:

☐ INFORMATION ON FILE from previous years

Certification and Signature

I authorize the verification of the information provided in and with the application is true, complete, and not misleading to the knowledge and belief of the signer. I understand that any license granted based on false, incomplete, or misleading information shall be subject to suspension or revocation.

Signature of applicant:	Title:
Name (Please Print):	Date:

Comments or Additional Information

Required Documentation:

Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV and all guidance documents, prior to filling out the application. Additionally, contact the Department of Public Health, Bureau of Environmental Health, Community Sanitation Program for any questions regarding the following documents:

- Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)
- Procedures for the background review of staff and volunteers [105 CMR 430.090]
- A copy of promotional literature [105 CMR 430.190(C)]
- Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]
- A camp health care policy [105 CMR 430.159(B)]
- A discipline policy [105 CMR 430.191]
- A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]
- A written statement of compliance from the local fire department [105 CMR 430.215]
- A Disaster/Emergency plan [105 CMR 430.210(B)]
- A lost camper plan [105 CMR 430.210(C)]
- A lost swimmer plan (when applicable) [105 CMR 430.210(C)]
- A traffic control plan [105 CMR 430.210(D)]
- For Day Camps – contingency plans [105 CMR 430.211]
- For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]
- A current certificate of inspection from the local building inspector [105 CMR 430.451]
- If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300,.303]

Please note:

When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]