



The Commonwealth of Massachusetts

TOWN OF HOLDEN

BOARD OF HEALTH

1196 Main Street, Holden, MA 01520
Phone 508-829-0254 Fax 508-829-0252

Application Fee: \$ 50.00
(due with application)

APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Name of Camp Owner: _____

Office Address: _____

Telephone Number: _____

Name of Camp Operator (if different): _____

Address: _____

Telephone Number: _____

Name of Health Care Consultant: _____

Address: _____

Telephone Number: _____

Type of Camp: Day _____ Residential _____

Hours of Operation: _____

Dates of Operation: Opening: _____ Closing: _____

Swimming Pool: Yes _____ Pool Permit Number _____ No _____

Bathing Beach: Yes _____ No _____

Meals Provided: Yes _____ Food Permit Number _____ No _____

Signature of Applicant: _____

Official Title: _____ Date: _____

See the next page for a list of documents that must be completed and submitted before your application for a license can be fully processed. You are strongly encouraged to complete these documents as soon as possible. This will expedite the licensing process.

Required Documents

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV - 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

- Staff information forms (see attached)
- Procedures for the background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190(C))
- Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- Health care policy (105 CMR 430.159(B))
- Discipline policy (105 CMR 430.191)
- Fire evacuation plan - approved by local fire department (105 CMR 430.210(A))
- Disaster plan (105 CMR 430.210(B))
- Lost camper plan (105 CMR 430.210(C))
- Lost swimmer plan (105 CMR 430.210(C))
- Traffic control plan (105 CMR 430.210(D))
- Day Camps - contingency plan (105 CMR 430.211)
- Primitive, Trip or Travel Camps - Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)
- If applying for initial license after January 1, 2000 - lab analysis of private water supply (if applicable) (105 CMR 430.300, .303)

Please note: If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the Board of Health at least 90 days before your desired opening date (See MGL Ch. 140 s.32A):

- Buildings, structures, fixtures and facilities
- Proposed source of water supply
- Works for disposal or sewage and waste water

Camp Director

Name: _____ Age: _____

Coursework in camping administration: _____

Previous camp administration experience: _____

Health Care Consultant

Name: _____

Type of Medical License (must be a physician, nurse practitioner, or physician assistant with pediatric training): _____

MA License Number: _____

Health Supervisor

Name: _____ Age: _____

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

Aquatics Director

Name: _____ Age: _____

Lifeguard Certificate issued by: _____

Expiration date: _____

American Red Cross CPR Certificate: _____

Expiration date: _____

American First Aid Certificate: _____

Expiration date: _____

Previous aquatic supervisory experience: _____

Firearms Instructor

Name: _____

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

Date Certified: _____ Expiration date: _____

(see reverse side)

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

** Social Security # (Voluntary) or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.