

**City of North Adams - Board of Health
Camp License Application**

Fee: \$50 per session
Renewal

New License

Organization Name _____ Telephone # _____

Camp Location _____

Day Overnight Residential Number of Sessions _____

Resident Director _____ Telephone # _____

Experience _____

	Session #1			
Dates of Operation _____	_____	Hours of Operation _____	_____	_____
# of Counselors _____	Ages _____	# of Campers _____	_____	Ages _____

	Session #2			
Dates of Operation _____	_____	Hours of Operation _____	_____	_____
# of Counselors _____	Ages _____	# of Campers _____	_____	Ages _____

	Session #3			
Dates of Operation _____	_____	Hours of Operation _____	_____	_____
# of Counselors _____	Ages _____	# of Campers _____	_____	Ages _____

	Session #4			
Dates of Operation _____	_____	Hours of Operation _____	_____	_____
# of Counselors _____	Ages _____	# of Campers _____	_____	Ages _____

	Session			
Dates of Operation _____	_____	Hours of Operation _____	_____	_____
# of Counselors _____	Ages _____	# of Campers _____	_____	Ages _____

	Session #6			
Dates of Operation _____	_____	Hours of Operation _____	_____	_____
# of Counselors _____	Ages _____	# of Campers _____	_____	Ages _____

Camp Activities _____

Medical Requirements

Physician on Call _____ Telephone # _____

Complete health records of staff and campers, as well as medical and injury reports, must be kept current and available for inspection.

Facility Requirements and Information

Sewage: Public Private Water: Public Private
Adequate toilets and showers? Yes No Location _____

Milk Source _____ Meals Provided? Yes No

Name and Location of Licensed Food Vendor _____

I certify, under the pains and penalties of perjury, that I have read and am in compliance with the provisions of 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps for Children. I also certify, under the pains and penalties of perjury, that all counselors and staff have undergone CORI and SORI background checks (if required by law), and are not disqualified from serving in their assigned capacities.

Date of Application _____ **Signature of Applicant** _____

Printed Name and Address of Applicant

