



**CITY of BEVERLY  
BOARD of HEALTH**

90 Colon Street  
Beverly, Massachusetts 01915  
Phone (978)921-8591  
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**Public Health**  
Prevent. Promote. Protect.

Mayor  
Michael P. Cahill  
Director of Public Health  
Laura DelleChiaie

**RECREATIONAL CAMP  
LICENSE APPLICATION \*PERMIT FEE \$100**

<b>Camp Name and Location Information</b>		
Camp Name:		
Location where camp operates:		
City:	State:	ZIP Code:
Phone:	Fax:	
Email:		
Website/Social Media address:		
<b>Camp Owner/Organization Information</b>		
Owner/Organization Name:		
Primary Mailing address:		
City:	State:	ZIP Code:
Phone(year-round):	Fax:	
Email:		
<input type="checkbox"/> send license to this email address		
<b>Camp Director/Operator Information (if different than owner)</b>		
Director/Operator Name:		
Primary Mailing address:		
City:	State:	ZIP Code:
Phone(year-round):	Fax:	
Email:		
<input type="checkbox"/> send license to this email address		
<b>Camp Operating Information</b>		
If the camp previously operated in Massachusetts provide: year(s) the camp operated and the name(s) the camp operated under:		
<input type="checkbox"/> From: _____ To: _____ Name(s): _____ N/A		
Has the camp's license ever been suspended or revoked:(check): <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Neither	Day or Residential Camp: <input type="checkbox"/> Day <input type="checkbox"/> Residential	
Seasonal or Year-Round Camp: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round	Seasonal camp only: Opening Date for camp: _____ Closing Date for camp: _____ Hours of Operation: _____	

Swimming Pool(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No	Pool Permit Number: _____ Off-Site Pools (if applicable): _____  Total Number of Pool(s): _____
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Bathing Beach(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No	Names of lake or river located at camp (if applicable): _____  Off-Site beaches (if applicable) : _____
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Meals Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Permit Number: _____
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Camp Capacity (per Session): Campers: _____ Staff: _____ Year: _____	Total Number for the _____
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**Health Care Consultant Information**

Name: _____	
MA License Number: _____	Phone (to reach during camp operations): _____
Type of Medical License:	
<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other: _____
<input type="checkbox"/> Nurse Practitioner	(NOTE: Attach documentation of pediatric training if a PA)

**Health Care Supervisor Information**

Name: _____	
MA License Number: _____	Age: _____
Type of Medical License, Registration or Training 105 CMR 430.159(C):	
<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other: _____
<input type="checkbox"/> Nurse	<input type="checkbox"/> Nurse Practitioner    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: <input type="checkbox"/> <input type="checkbox"/>	

**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]**