



Billerica Health Department

**Town Hall
365 Boston Road
Billerica, MA 01821
Telephone (978) 671-0931
Web Site www.town.billerica.ma.us**

APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Pursuant to Billerica Board of Health Regulations Chapter 1, Section 1.6.001
(Please Print)

Date _____

FEE \$150.00

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Name of Camp Owner: _____

Office Address _____

Telephone Number: _____

e-mail Address: _____

Name of Camp Operator (if different): _____

Address: _____

Telephone Number: _____

e-mail Address: _____

Name of Health Care Consultant: _____

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

MA License Number: _____

Address: _____

Telephone Number: _____

e-mail Address: _____

Name of Health Supervisor _____

Age: _____ Telephone Number _____

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

Name of Health Care Facility to be used for emergencies: _____

Address: _____

Type of Camp: Day _____ Residential _____ Sports _____

Other _____

Hours of Operation: _____

Dates of Operation: Opening: _____ Closing: _____

Camp Capacity _____ No. of Staff Persons (Including volunteers) _____

Water Supply: Public _____ Private _____

Other (specify) _____

If private, date sampled _____

Provide copy of results

Sewage Disposal: Public _____ Private (specify) _____

Number of Toilet Facilities for Males _____ Females _____

Number of Handwashing Facilities Males _____ Females _____

Swimming Pool: Yes _____ Pool Permit Number _____ No _____

Bathing Beach: Yes _____ No _____

Meals Provided: Yes _____ Food Permit Number _____ No _____

I agree to assume complete responsibility for all business to be conducted on the premises for which I am making this application for a license, and I further agree that all business conducted in said premises will be done at all times in full compliance with all Federal, State and Town of Billerica By-Laws, Rules and Regulations pertaining to licensing of a recreational camp.

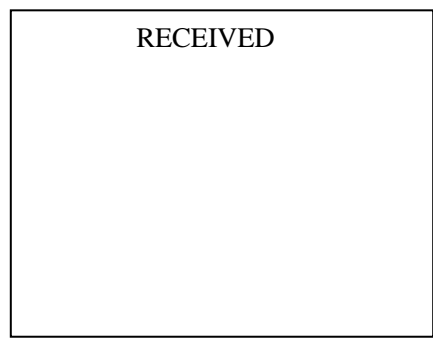
Please submit all documentation required in accordance with MA Regulations, 105CMR430.000, Minimum Standards For Children (States Sanitary Code, Chapter IV). See the next page for a list of documents that must be completed and submitted before your application for a license can be fully processed. You are strongly encouraged to complete these documents as soon as possible and submit them in advance. This will expedite the licensing process.

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

Print Name of Applicant

Signature of Applicant Date

Title of Applicant



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: _____

Aquatics Director

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

Name: _____

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

_____ Date certified: _____ Expiration date: _____

Horseback Riding Instructor

Name: _____

License Number: _____ Expiration date: _____

Stable

Location: _____

Licensed in accordance with MGL Ch.111 § 155, 158: Yes _____ No _____

Supervisory Staff

Attach the names, ages, applicable current certifications (if any), such as First Aid, and the anticipated role at the camp of all supervisory staff (see below). Use as many pages as necessary to complete this.

Supervisory staff means those persons with the responsibility, authority and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers.