

Methuen Health Department
90 Hampshire Street
Methuen, MA 01844
Telephone: 978-983-8655 Fax: 978-983-8988

Total Fee: \$100.00
Late Fee: \$10.00/day
Check Number:
Date Received:

***APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL
CAMP FOR CHILDREN***

Name of Camp: _____
Site Address: _____
Site Telephone: _____
E-Mail Address: _____

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: _____
Address: _____
Telephone Number: _____
E-Mail Address: _____

Type of Camp: Day _____ Residential _____

Hours of Operation: _____

Dates of Operation: Opening: _____ Closing: _____

Swimming Pool: Yes ___ Pool Permit Number _____ No ___

Bathing Beach: Yes ___ No ___

Meal Provided: Yes ___ Food Permit Number _____ No ___

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 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 _____

Licensed in accordance to Board of Health Regulations: Yes _____ No _____

Required Documents

The following list of documents shall 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.

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)
- Healthcare 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 9105 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 private water supply (if applicable) (105 CMR 430.300,303)
- Written staff orientation plan (105 CMR 430.091)
- Medical and Immunization records for staff and the campers must be available for review prior to opening day (105 CMR 430.150, 430.151 & 430.152).

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

Attachments Required

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 form.

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 without assistance.

IMPORTANT:

Completed application, fee, and required documents shall be received by the Health Department a minimum of (3) weeks prior to the camp opening.

I understand that I shall comply with the Local, State and Federal Regulations and that the issuances of this permit in no way releases the applicant from other Regulatory agency's requirements.

Pursuant to MGL Ch. 62C section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, I have filed all tax returns and paid all local and state taxes required under law.

Signature of Applicant: _____ Date: _____

Title: _____

Social Security No. or Tax ID# _____

If applicable:

Name: _____ Signature: _____
Corporate Corporate Officer

Payment shall accompany this application and please make a check or money order payable to "The City of Methuen."

Please note: In addition to the completion of this application, an amusement application may be required from the Mayor's Office.