

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF PLYMOUTH
BOARD OF HEALTH
508-747-1620 EXT 118**

Recreational Camps License January 1st through December 31st Annually
**APPLICATION FOR LICENSE TO OPERATE
RECREATIONAL CAMPS**

Fee: \$50.00

MAKE CHECK PAYABLE TO: Town of Plymouth and

RETURN TO: Health Department, 11 Lincoln St., Plymouth, MA 02360

Legal Business Name (Corp., LLC. Etc) _____

DBA (if Different) _____

Business Address _____

Mailing Address _____

Off Season Address if Applicable: _____

Business Phone _____ Corporate Phone _____

Owner/President Name _____

Manager/Agent/Operator Name _____

Dates of Operation _____

Overnight Camp: yes / no If yes - number of Tents/Cabins/Units if applicable _____

Type of Camp: ___ Residential ___ Day ___ Sports - Type of Sport: _____ Other _____

Number of Staff _____ Number of Volunteers _____ Number of Campers _____

Water Source: _____ Sewer Source: _____ Overnight Camp Only Certificate of Occupancy: _____

**Please provide all appropriate documentation according to the State Sanitary Code: Chapter IV,
Minimum Sanitation and Safety Standards for Recreational Camps for Children, 105 CMR 430.000**

COPIES NEEDED ANNUALLY OF THE FOLLOWING AS EXAMPLE BUT NOT LIMITED TO:

Written Policies & Procedures for the following: background check on staff and volunteers, CORI check, SORI check, staff orientation plans, abuse/neglect prevention and reporting procedures, discipline procedures, fire and evacuation procedures, disaster plans, lost camper plan, daily itinerary copies, emergency care plans, all procedures needed in a medical emergency and/or administration of medical needs prescriptions, camp counselor ratio, immunization records for staff and volunteers, aquatics director and policies if applicable, sports director and procedures if applicable, and plans on releasing children to their designated parent/guardian.

Name and Title: (Please print)

Signature:

FOR OFFICE USE ONLY:

Munis Number: _____ Access: _____ W/C Rcvd: _____ Liability Rcvd: _____