



Commonwealth of Massachusetts
TOWN OF PLYMOUTH
PUBLIC HEALTH DEPARTMENT
 508-747-1620 X10118
 Fax: 508-830-4062
 26 Court Street
 Plymouth, Massachusetts 02360

Fee: \$50.00

Recreational Camps License valid January 1st through December 31st Annually

MAKE CHECK PAYABLE TO: Town of Plymouth
RETURN TO: Public Health Department, 26 Court Street, 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 : From - _____ To - _____

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 Yes No Cert. of Occupancy #: _____

(Scan and attach certificate)

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: _____