



Fee \$300.00 Rec Camp  
\$50.00 Sport Camp  
(Circle One)

**TOWN OF MIDDLEBOROUGH**  
Health Department  
20 Center Street  
(508-946-2408)

Permit# \_\_\_\_\_

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

NAME OF CAMP: \_\_\_\_\_ DAY CAMP \_\_\_\_\_ OVERNIGHT \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

SITE TELEPHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF CAMP OWNER: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF CAMP OPERATOR (IF DIFFERENT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF HEALTHCARE CONSULTANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

NUMBER OF CAMPERS PER SESSION: \_\_\_\_\_ NUMBER OF STAFF \_\_\_\_\_

NUMBER OF VOLUNTEERS \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_ DATES OF OPERATION \_\_\_\_\_

BATHING BEACH: YES \_\_\_\_\_ NO \_\_\_\_\_

HORSE STABLE: YES \_\_\_\_\_ PERMIT # \_\_\_\_\_ NO \_\_\_\_\_

FOOD PROVIDED: YES \_\_\_\_\_ PERMIT # \_\_\_\_\_ NO \_\_\_\_\_

SWIMMING POOL: YES \_\_\_\_\_ PERMIT # \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

