



Fee \$300.00

TOWN OF MIDDLEBOROUGH

Permit# _____

Health Department
20 Center Street
(508-946-2408)

**APPLICATION FOR A LICENSE TO OPERATE
FAMILY TYPE CAMPGROUND**

NAME OF CAMPGROUND: _____

SITE ADDRESS: _____

SITE TELEPHONE #: _____ EMAIL _____

NAME OF CAMPGROUND OWNER: _____

OFFICE ADDRESS: _____

TELEPHONE # _____ EMAIL _____

NAME OF CAMPGROUND OPERATOR (IF DIFFERENT): _____

ADDRESS: _____

TELEPHONE; _____ EMAIL _____

DATES OF OPERATION: _____

HOURS OF OPERATION: _____

NUMBER&TYPES OF UNITS: _____

SWIMMING POOL: YES _____ POOL PERMIT # _____ NO _____

BATHING BEACH: YES _____ PERMIT # _____ NO _____

RETAIL FOOD: YES _____ FOOD PERMIT# _____ NO _____

SIGNATURE OF APPLICANT: _____ DATE: _____

