

Town of Wayland Board of Health

MUNIS APP#-_____

MUNIS PERMIT # _____

Non-Refundable Application Fee: **\$50**

CHECK# _____ AMT\$ _____

Document Review/Inspection Fee: **\$100****APPLICATION FOR LICENSE TO CONDUCT A RECREATIONAL CAMP
FOR CHILDREN****Pursuant to Chapter IV of Massachusetts Department of Public Health State Sanitary Code**

The undersigned hereby applies for an ☐ original or ☐ renewal license to conduct the following
Recreational Camp for Children:

Name of Camp Telephone Number at Campsite

Site Address of Camp Hours of Operation

Type of Camp (check one): ☐ Day Care Only ☐ Residential

Maximum Number of Children: _____ Ages _____ to _____ Years

Maximum Number of Camp Personnel: _____ Number of camp volunteers: _____

Camp Operator: _____
Name Address Telephone/cell

Camp Director: _____
Name Address Telephone/cell

Operating Dates/Group Change Dates: _____

Swimming Pool: ☐ Yes ☐ No If yes, Pool Permit Number _____

Bathing Beach: ☐ Yes ☐ No

Meals provided: ☐ Yes ☐ No If yes, Food Permit Number _____

Name, address, telephone of licensed camp physician:

Name Address Telephone

Name of person responsible for administering first aid at campsite: _____

Registered nurse/Physician on site: _____

Please return completed form, required documents and fees to: Wayland Board of Health,
41 Cochituate Road, Wayland, MA 01778

Attached is a list of required documents that must be submitted with this application. Complete application must be submitted at least two weeks prior to opening of camp.

Pursuant to MGL, chapter 62C, Section 49A, I certify under the pains of perjury that, to the best of my knowledge and belief, I have filed all State tax returns and paid all State taxes required under law.

Signature of applicant: _____

Official Title: _____ Date: _____