



Inspectional Services  
Michelle Wu, Mayor

APPLICATION FOR RECREATIONAL CAMP LICENSE  
APLIKASYON POU YON LISANS POU KAN AMIZMAN

DATE \_\_\_\_\_  
DAT \_\_\_\_\_

PERMIT # \_\_\_\_\_  
NIMEWO PÈMI \_\_\_\_\_

NAME OF CAMP \_\_\_\_\_  
NON KAN AN \_\_\_\_\_

PHONE # \_\_\_\_\_  
NIMEWO TELEFÒN \_\_\_\_\_

CAMP ADDRESS \_\_\_\_\_  
ADRÈS KAN AN \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ ZIP \_\_\_\_\_  
VIL./MINISIPALITE \_\_\_\_\_ ZIP \_\_\_\_\_

CAMP OWNER \_\_\_\_\_  
PWOPRIYETÈ KAN AN \_\_\_\_\_

FOR COMMUNITY CENTER (D/B/A) \_\_\_\_\_  
POU SANT KOMINOTÈ (D/B/A) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
ADRÈS POSTAL \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ ZIP \_\_\_\_\_  
VIL./MINISIPALITE \_\_\_\_\_ ZIP \_\_\_\_\_

WINTER PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_  
NIMEWO TELEFÒN PANDAN PERYÒD LIVÈ \_\_\_\_\_ IMÈL \_\_\_\_\_

CAMP DIRECTOR \_\_\_\_\_  
DIREKTÈ KAN AN \_\_\_\_\_

\*\*\* **All Camp Operators** are required to schedule a preliminary review and submit a revised policy and procedure manual prior to operating. Camp staff **must** meet minimum requirements and provide documentation of training / experience in order to operate a camp.

\*\*\* **Tout Administratè Kan yo** oblije pwograme yon revizyon preliminè epi voye yon gid sou politik ak pwosedi revize anvan pou kòmanse fè kan an mache. Estaf kan an **oblije** satisfè egzijans minimòm yo epi bay dokiman ki kore fòmasyon / eksperyans yo anvan pou kòmanse fè mache yon kan.

**TYPE OF CAMP:**  
TIP KAN AN:

Residential (Operates 24+ hours)  Day (Operates less than 24 hours)  Sports   
Travel/Trip   
Rezidansyèl (mache 24+ èdtan) Lajounen (li mache mwens pase 24 èdtan) Espò Vwayaj/Deplasman

If you have a **medical camp** or any **special needs campers** please note the specific needs:  
Si ou gen yon **kan medikal** oswa nenpòt **kanpè ki gen bezwen espesyal**, tanpri make bezwen espesifik yo:

Do you anticipate any overnights? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_  
Èske ou antisipe pral gen moun ki dòmi la lannwit? Wi Non Kikote?

Length of camp season: \_\_\_\_\_ to \_\_\_\_\_ Hours: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Dire sezon kan an (start) (finish) Èdtan: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
(kòmansman) rive (finisman)

Number of sessions per season: \_\_\_\_\_ Session dates: \_\_\_\_\_  
Kantite sesyon pou chak sezon: \_\_\_\_\_ Dat sesyon yo: \_\_\_\_\_

Camper Capacity Per Session: \_\_\_\_\_ No. of Staff Persons: \_\_\_\_\_  
Kanaite max. Kanpè Pou Chak Sesyon: (Max # of Campers) Kantite Estaf: (Supervising Campers)  
(Kantite maskimòm Kanpè) (Kanpè k ap Sipèvize)

No. of volunteers: \_\_\_\_\_ Building Capacity: \_\_\_\_\_  
Kantite volontè: \_\_\_\_\_ Kapasite Bilding lan: \_\_\_\_\_

Certificate of Inspection/Bldg. Division: Certificate No. \_\_\_\_\_ Expires \_\_\_\_\_  
Sètifika Enspeksyon/Divizyon Bilding: Sètifika Nimewo L ap ekspire

Date Recreational Camp Fire Dept. Inspection Completed \_\_\_\_\_ (BFD inspection information on-line)  
Dat lè Enspeksyon Depatman Ponpye nan Kan Amizman an Fin Fèt (Enspeksyon enfòmasyon BFD sou Entènèt)

What type of fire alarm, detector, or fire fighting equipment is present?  
Ki tip alam lafimen, detektè oswa ekipman pou konbat dife ki prezan?

Has the camp owner or director obtained and reviewed the new CORI /Juvenile report and SORI of every staff person and volunteer and determined a background free from disqualification? Yes \_\_\_ No \_\_\_  
Èske pwopriyetè kan an oswa diektè a te jwenn ak evize nouvo CORI /Rapò Jivenil la ak SORI pou chak manm estaf ak volontè epi li te detèmine yon bakgrawn ki pa gen okenn diskalifikasyon? Wi \_\_\_ Non \_\_\_

Staff persons / volunteers cannot operate the camp until sufficient background checks are completed and cleared from disqualification. (\*CORI / Juvenile and SORI reporting, work history, references-required for all staff / volunteers)  
Estaf yo / volontè yo pa kapab administre kan an jiskaske yo fin fè ase verifikasyon kazye jidisyè epi yo konfime moun sa yo pa gen okenn diskalifikasyon. (\*CORI / Jivenil ak SORI rapò, istwa travay, referans-nesesè pou tout estaf / volontè yo)

The Camp Director and staff meet eligibility criteria, have required training and have reviewed and understand the 105 CMR 430.000 Minimum Standards for Recreational Camps prior to camp operating Yes \_\_\_ No \_\_\_ If pending provide date \_\_\_\_\_  
Direktè Kan an ak estaf la satisfè kritè kalifikasyon yo, yo gen fòmasyon ki nesèsè a epi yo konprann 105 CMR 430.000 Estanda Minimòm pou Kan Amizman (Minimum Standards for Recreational Camps) anvan kan an kòmanse mache Wi \_\_\_ Non \_\_\_ Si y ap travay sou sa toujou, bay dat la \_\_\_\_\_

**FOOD SERVICE:**  
**SÈVIS MANJE:**

Is food handled, served or prepared? Yes \_\_\_ No \_\_\_ Food Service Permit (provide copy) # \_\_\_\_\_  
Èske yo manipile, sèvi oswa pare manje a? Wi \_\_\_ Non \_\_\_ Pèmi Sèvis Manje (bay kopi a) nimewo

To what extent?  
Nan ki pwen?

Snacks \_\_\_ Cooked and served by staff \_\_\_ Catered \_\_\_ If so, by whom? \_\_\_\_\_  
Tigoute \_\_\_ Estaf la kwit ak sèvi li \_\_\_ Sèvis yon Tretè \_\_\_ Si se sa, ki tretè sa?

Is refrigeration available for perishable foods? Yes \_\_\_ No \_\_\_  
Èske gen refrijerasyon ki disponib pou manje ki perisab? Wi \_\_\_ Non \_\_\_

**SWIMMING AREA:**  
**ZÒN POU NAJE A:**

Do you have or use recreational water facilities (beach, pool, lake, pond, water fountain or water park)? Check  all that apply.  
Èske ou gen oswa ou sèvi ak enstalasyon akwatik pou divètisman (plaj, pisin, lak, etan, fontèn dlo oswa pak akwatik)? Tcheke  tout bon repons yo.

Fresh water \_\_\_\_\_ Ocean \_\_\_\_\_ Pool / Aquatics facilities \_\_\_\_\_ Other (explain) \_\_\_\_\_ None \_\_\_\_\_  
Dlo dous Oseyan Pisin / Enstalasyon akwatik Lòt (esplike) Okenn

If yes, locations of all beaches, water parks \_\_\_\_\_  
Si repons la se Wi, anplasan tout plaj, pak akwatik yo \_\_\_\_\_

If yes, location of pool / aquatics facility \_\_\_\_\_  
Si repons la se Wi, anplasan pisin / enstalasyon akwatik la \_\_\_\_\_

Who is the **Aquatics Director** responsible for the supervision of the pool or swimming area(s)?  
Kimoun ki **Direktè Akwatik** la ki responsab sipèvizyon pisin la oswa zòn pou naje(yo)?

**Qualifications of Aquatics Director:**  
**Kalifikasyon Direktè Akwatik la:**

Water Safety instructor or equivalent .....	Yes _____	No _____
Enstriktè Sekirite nan Dlo owa ekivalan .....	Wi _____	Non _____
CPR Training .....	Yes _____	No _____
Fòmasyon CPR .....	Wi _____	Non _____
First Aid Training .....	Yes _____	No _____
Fòmasyon Premye Swen.....	Wi _____	Non _____

**Name(s) of other on-site lifeguards and credentials:**  
**Non(yo) lòt mèt najèsouplas yo ak kalifikasyon yo:**

If swimming site(s) is not at the permanent camp, have the site(s) been inspected by regulatory agents and approved by the aquatics director and camp operator? Yes \_\_\_\_ No \_\_\_\_  
Si zòn pou naje(yo) pa andedan kan pèmanan an, èske ajan règlemantè te enspekte sit(yo) epi direktè akwatik ak administratè kan an te apwouve li/yo? Wi \_\_\_\_ Non \_\_\_\_

Does the camp participate in any watercraft/boating activities? Yes \_\_\_\_ No \_\_\_\_  
Èske kan an patisipe nan aktivite anbakasyon/navigasyon? Wi \_\_\_\_ Non \_\_\_\_

**Include the camp itinerary and list specialized activities / travel plans below:**  
**Make itinerè kan an epi make lis aktivite espesyalize / plan depasman yo anba la a:**

**WATER SUPPLY:** Public \_\_\_\_ Private \_\_\_\_  
**SÈVIS DLO:** Piblik \_\_\_\_ Prive \_\_\_\_

If private, date sampled \_\_\_\_\_ By whom? \_\_\_\_\_  
Si se prive, dat yo te pran echanityon an Kilès ki te pran l?

Results \_\_\_\_\_  
Rezilta yo \_\_\_\_\_

**SHELTERS- DAY / RESIDENTIAL CAMPS:** Meet(s) current building and housing requirements \_\_\_\_ Yes  
**CHÈLTÈ- KAN LAJOUNEN / REZIDANSYÈL:** Satisfè egzijans alèkile pou bilding ak lojman \_\_\_\_ Wi

<b>TOILET/SHOWER ROOMS:</b>	Number of toilets .....	for males _____	for females _____
<b>PYÈS TWALET/DOUCH YO:</b>	Kantite twalèt .....	pou gason	pou fi
	Hand wash basins .....	for males _____	for females _____
	Basen pou lave men .....	pou gason	pou fi
	Showers .....	for males _____	for females _____
	Douch .....	pou gason	pou fi

**SEWAGE DISPOSAL:** Public \_\_\_\_\_ Private \_\_\_\_\_ (please specify) \_\_\_\_\_

**ELIMINASYON DLO SAL/EGOU:** Piblik \_\_\_\_\_ Prive \_\_\_\_\_ (tanpri esplike)

**MEDICAL CARE:** Who is responsible **at the camp** for medical care or first aid?

**SWEN MEDIKAL:** Kimoun ki responsab **nan kan an** pou swen medikal oswa premye swen?

**Name of Health Care Supervisor(s) available at each camp location** \_\_\_\_\_

**Non Sipèvizè Swen Sante(yo) ki disponib nan chak kan** \_\_\_\_\_

**Name of Physician (qualifying Health Care Consultant) "on call":** \_\_\_\_\_

**Non Doktè a (Konsiltan Swen Sante ki kalifye) "ki dwe disponib pandan lè sèvis li":** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Adrès** \_\_\_\_\_ **Nimewo telefòn** \_\_\_\_\_

**Name and address of hospital used for emergency services:** \_\_\_\_\_

**Non ak adrès lopital yo itilize pou sèvis ijans yo:** \_\_\_\_\_

**Does the camp have or contract with any transportation vehicles? Yes** \_\_\_\_ **No** \_\_\_\_

**Èske kan an genyen oswa pase yon kontra ak nenpòt veyikil transpò? Wi** \_\_\_\_ **Non** \_\_\_\_

**Have you verified that the driver is properly licensed and meets required qualifications? Yes** \_\_\_\_ **No** \_\_\_\_

**Èske out e verifye si chofè a gen bonjan lisans epi si li satisfè kalifikasyon ki obligatwa yo? Wi** \_\_\_\_ **Non** \_\_\_\_

**Schedule a preliminary review and provide a copy of required, annually updated policies and procedures for that appointment.**

**Pwograme yon revizyon preliminè epi bay yon kopi politik ak pwosedi ki renouvle chak ane epi ki obligatwa pou randevou sa a.**

**The annual \$50. Recreational Camp fee is (check one)** \_\_\_\_\_ **enclosed** \_\_\_\_\_ **already paid** \_\_\_\_\_ **N/A**

**Chaj anyèl \$50. Kan Amizman an (tcheke yon sèl repons)** \_\_\_\_\_ **nan anvlòp la** \_\_\_\_\_ **deja peye** \_\_\_\_\_ **P/A**

**Signed:** \_\_\_\_\_ **(not valid** without owner / operator signature)

**Siyen:** \_\_\_\_\_ **(pa valab** san siyati pwopriyetè / administratè a)

**Incomplete and unsigned applications may not be eligible for issuance of a permit to operate. Date:** \_\_\_\_\_

**Aplikasyon ki pa konplè epi ki pa siyen pa kalifye pou yo bay yon pèmi pou fonksyone. Dat:**