KIMBERLEY DRISCOLL
MAYOR

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ACTING HEALTH AGENT

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BOARD OF HEALTH
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APPLICATION FOR LICENSE TO CONDUCT A RECREATIONAL CAMP

Name of Camp:_____Tel#_____

Address of Camp:_____

Camp Website:_____Fax#_____

Name of Camp Director:_____Tel#_____

Camp Director mailing address:_____Email:_____

For The Emergancy Telephone Notification System:

Emergency contact name:_____Tel#:_____

Dates of operation: From: / / To: / /

Type of Camp: Day:_____ Recreational:_____ Sports:_____ Travel:_____ Trip:_____

Approximate # of campers:____ Campers Ages:____ # of counselors:_____

# of volunteers per season_____

Please attach the following information

Medical consultant agreement and camp medical policy.
Certificates of compliance from Salem Fire Prevention and Salem Building Department.
Check payable to the City of Salem ($10).
Written copies of your Emergency, Special Contingency and Staff Orientation plans.

I agree to comply with all mandates of the State Sanitary Code, Chapter IV, 105 CMR 340., "Minimum Standards for Recreational Camps for Children", **including required staff background checks.** I understand that noncompliance may result in suspension of this license.

Pursuant to MGL Chapter 63C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filled all state tax returns and paid all state taxes required under the law.

_____/_____/_____
Signature Date SS# or Federal Identification Number