



**BROOKLINE HEALTH DEPARTMENT**  
**11 PIERCE STREET**  
**BROOKLINE, MA 02445**  
**61-730-2300**

Office Use Only  
 Date Rec'd \_\_\_\_\_  
 Amt Paid \_\_\_\_\_  
 Check# \_\_\_\_\_  
 San Appr \_\_\_\_\_  
 Chief Appr \_\_\_\_\_  
 Permit # \_\_\_\_\_

Fill out application and submit with fee\* to Brookline Health Department, 11 Pierce Street, Brookline, MA 02445. Check should be made payable to the TOWN OF BROOKLINE.

\*Original License     \$150.00  
 Renewal                 \$150.00

**APPLICATION FOR LICENSE TO CONDUCT A RECREATION CAMP FOR CHILDREN**

<b>Camp Name and Location Information</b>			
Camp Name: _____			
Location where camp operates: _____			
City: _____	State: _____	ZIP Code: _____	
Phone: _____	Fax: _____		
Email: _____			
Website/Social Media address: _____			
<b>Camp Owner/Organization Information</b>			
Owner/Organization Name: _____			
Primary Mailing address: _____			
City: _____	State: _____	ZIP Code: _____	
Phone(year-round): _____	Fax: _____		
Email: _____			
<input type="checkbox"/> send license to this email address			
<b>Camp Director/Operator Information (if different than owner)</b>			
Director/Operator Name: _____			
Primary Mailing address: _____			
City: _____	State: _____	ZIP Code: _____	
Phone(year-round): _____	Fax: _____		
Email: _____			
<input type="checkbox"/> send license to this email address			
<b>Camp Operating Information</b>			
If the camp previously operated in Massachusetts provide: year(s) the camp operated and the name(s) the camp operated under:			
<input type="checkbox"/> From: _____ To: _____ Name(s): _____			
N/A			
Has the camp's license ever been suspended or revoked:(check):		Day or Residential Camp:	
<input type="checkbox"/> Suspended		<input type="checkbox"/> Day	
<input type="checkbox"/> Revoked		<input type="checkbox"/> Residential	
<input type="checkbox"/> Neither			

Seasonal or Year-Round Camp: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round	Seasonal camp only: Opening Date for camp: _____  Closing Date for camp: _____  Hours of Operation: _____
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Swimming Pool(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No	Pool Permit Number: _____ Off-Site Pools (if applicable): _____  Total Number of Pool(s): _____
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Bathing Beach(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No	Names of lake or river located at camp (if applicable): _____  Off-Site beaches (if applicable) : _____
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Meals Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Permit Number: _____
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Camp Capacity (per Session):	Campers: _____	Staff: _____	Total Number for the Year: _____
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**Health Care Consultant Information**

Name: _____	
MA License Number: _____	Phone (to reach during camp operations): _____
Type of Medical License:	
<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assistant    (NOTE: Attach documentation of pediatric training if a PA) <input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Other: _____	

**Health Care Supervisor Information**

Name: _____	
MA License Number: _____	Age: _____
Type of Medical License, Registration or Training 105 CMR 430.159(C):	
<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Other: _____ Please attach documentation of current First Aid / CPR Training

**Aquatics Director Information**     N/A

Name: _____		Age: _____
Lifeguard Certificate issued by: _____  Expiration date: _____	American Red Cross CPR Certificate:  Expiration date: _____	
American First Aid Certificate:  Expiration date: _____	Previous aquatics supervisory experience:  _____ _____	

**Firearms Instructor Information**     N/A

Name: _____	
National Rifle Association Instructor's card (or equivalent):	
Date Certified: _____	Expiration date: _____

**Horseback Riding Instructor Information**     N/A

Name: _____	
License Number: _____	Expiration date: _____
Stable Location: _____	
Licensed in accordance with MGL c.111 §155, 158:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Drinking Water and Plumbing Information

Is the camp a Public Water System (PWS) or connected to a town water supply?

- PWS  
 Town water supply  
 Other: \_\_\_\_\_

Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by on-site sewage disposal system(s)?

- Municipal/Off-Site  
 On-Site (if on-site, Date of most recent septic tank pumping and inspection: \_\_\_\_\_)  
 Other: \_\_\_\_\_

## Renewal or Previously Submitted Information

If **ALL** of the above information was previously submitted **and** has not changed, please note:

- INFORMATION ON FILE from previous years

## Certification and Signature

I authorize the verification of the information provided in and with the application is true, complete, and not misleading to the knowledge and belief of the signer. I understand that any license granted based on false, incomplete, or misleading information shall be subject to suspension or revocation.

Signature  
of applicant:

Title:

Name  
(Please Print):

Date:

## Comments or Additional Information

### Required Documentation:

Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV and all guidance documents, prior to filling out the application. Additionally, contact the Department of Public Health, Bureau of Environmental Health, Community Sanitation Program for any questions regarding the following documents:

- Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)
- Procedures for the background review of staff and volunteers [105 CMR 430.090]
- A copy of promotional literature [105 CMR 430.190(C)]
- Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]
- A camp health care policy [105 CMR 430.159(B)]
- A discipline policy [105 CMR 430.191]
- A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]
- A written statement of compliance from the local fire department [105 CMR 430.215]
- A Disaster/Emergency plan [105 CMR 430.210(B)]
- A lost camper plan [105 CMR 430.210(C)]
- A lost swimmer plan (when applicable) [105 CMR 430.210(C)]
- A traffic control plan [105 CMR 430.210(D)]
- For Day Camps – contingency plans [105 CMR 430.211]

- For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]
- A current certificate of inspection from the local building inspector [105 CMR 430.451]
- If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300,.303]

**Please note:**

**When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]**