



## Town of Rowley

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Board of Health  
APPLICATION

Center School Municipal Annex  
39 Central Street, P.O. Box 783  
Rowley, Massachusetts 01969

### **Annual License Recreational Camp, Overnight Camp, Guest House, Cabins, Trailer Camp, Motel, Bed & Breakfast License**

**Name of Camp:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address of Camp Site:** \_\_\_\_\_

**Site Telephone:** \_\_\_\_\_

**Name of Camp Owner:** \_\_\_\_\_

**Owner Mailing Address:** \_\_\_\_\_

**Owner Telephone:** \_\_\_\_\_ **Emergency Telephone:** \_\_\_\_\_

**Name of Camp Director/Operator:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Camp Director Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Coursework in camping administration:** \_\_\_\_\_

**Previous camp administration experience:** \_\_\_\_\_

**Camp Contact Name** (if different from Camp Director): \_\_\_\_\_

**Camp Contact Telephone** (if different from Camp Director): \_\_\_\_\_

**Type of Camp:**     ☐ Day                      ☐ Residential                      ☐ Travel/Trip                      ☐ Primitive/Outpost

**Hours of Operation:** \_\_\_\_\_

**Dates of Operation: Opening:** \_\_\_\_\_ **Closing:** \_\_\_\_\_

**Swimming Pool:** ☐ No                      ☐ Yes, Pool Permit Number \_\_\_\_\_

**Meals Provided:** ☐ No                      ☐ Yes, Food Permit Number \_\_\_\_\_

**Dumpster Provided:** ☐ No                      ☐ Yes, License Number(s): \_\_\_\_\_

**Is dumpster placed in such way that camper contact is minimized? (i.e. fencing, locked area, etc.)**

\_\_\_\_\_

**Name of Health Care Consultant:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile/Pager: \_\_\_\_\_

Type of Medical License (must be a physician, nurse practitioner, or physician assistant with pediatric training): \_\_\_\_\_

MA License Number: \_\_\_\_\_

**Name of Health Supervisor:** \_\_\_\_\_ Age: \_\_\_\_\_

Type of Medical License, Registration or Training and Number (See 105 CMR 430.159(C): \_\_\_\_\_

**Name of Aquatics Director:** \_\_\_\_\_ Age: \_\_\_\_\_

Lifeguard Certificate issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CPR Certificate issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

First Aid Certificate issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Previous aquatics supervisory experience: \_\_\_\_\_

**Name of Firearms Instructor:** \_\_\_\_\_

Instructor's Certificate issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Name of Horseback Riding Instructor:** \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Stable Location: \_\_\_\_\_

\_\_\_\_\_ License Number: \_\_\_\_\_

**Requirements related to the granting, conditioning, and processing of this application:**

1. License Fee: 3200.00, Payable to the Town of Rowley. (Renewable Annually January 1).
2. A Completed: SIT-62C Form.
3. Attach the names, ages, applicable current certifications, and anticipated role at the camp of all supervisory staff (persons with the responsibility, authority and training to provide direct supervision to camper groups).
4. Attach documents as required by the MA Regulations for Minimum Standards for recreation Camps for Children, State Sanitary Code, Chapter IV – 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation.
  - Procedures for the background review of staff (105 CMR 430.090)
  - Copy of promotional literature (105 CMR 430.190(C))
  - Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
  - Health care policy (105 CMR 430.159(B))
  - Discipline policy (105 CMR 430.191)
  - Fire evacuation plan – approved by local fire department (105 CMR 430.210(A))
  - Disaster plan (105 CMR 430.210(B))
  - Lost camper plan (105 CMR 430.210(C))

- Lost swimmer plan (105 CMR 430.210(C))
- Traffic control plan (105 CMR 430.210(D))
- Day Camps – contingency plan (105 CMR 320.211)
- Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)
- If applying for initial license, Lab analysis of private water supply (if applicable (105 CMR 430.300, .303)
- IF applying for initial camp license file a plan 90 days before desired opening date showing buildings, structures, fixtures and facilities, proposed source of water supply, and works for disposal or sewage and waste water (see MGL Ch.140 s. 32A)

I certify that the information I have provided above is true and accurate. I agree to conduct my business in accordance with the rules, regulations, and /or special condition(s) imposed by the Rowley Board of Health. In addition, I understand it is my responsibility to obtain, understand, keep updated, and comply with any and all State, and/or Local laws, rules, and regulations related to the operation of Recreational Camp, Overnight Camp, Overnight Camp, Guest House, Cabins, Trailer Camp, Motel, Bed & Breakfast License.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_