



Town of Rowley

Office: 978-948-2231
Fax: 978-948-7196
E-mail: health@townofrowley.org

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: \$100.00, 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: _____