

# TOWN OF MONTEREY BOARD OF HEALTH

## Application for License to Operate Recreational Camps, Overnight Camps, or Cabins, Motels and Hotels

*In accordance with Chapter 140, Sections 32a, 32b, 32c, 32d and 32e of laws of the MGL*

**PLEASE PRINT**    ☐ Recreational Camp (\$200)    ☐ Hotel/Motel/Cabin (\$250)    ☐ Overnight Camp (\$200)

DATE \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Establishment Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Facility Address \_\_\_\_\_

Name of Owner/Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

Federal ID or Social Security No. \_\_\_\_\_

-----  
If business is a corporation or partnership, list name, title, home address and phone number of each officer or partner.

Name	Title	Address	Phone
------	-------	---------	-------

Name	Title	Address	Phone
------	-------	---------	-------

State of Incorporation	Potable Water Source:	Public	Private	Sewage Disposal:	Public	Private
------------------------	-----------------------	--------	---------	------------------	--------	---------

Please answer all questions applicable to your camp operation:

Emergency Response Person \_\_\_\_\_ Home Phone \_\_\_\_\_

Dates of Operation \_\_\_\_\_ Days and hours of operation \_\_\_\_\_

Number of sites and/or rooms \_\_\_\_\_

List any natural water bodies used for swimming or other water sports activities: \_\_\_\_\_

Number of Campers: \_\_\_\_\_ Number of Camp/Tent sites used: \_\_\_\_\_

Do all buildings have current certificates of inspection issued by the local Building Commissioner? \_\_\_\_\_

If response is no, please explain status: \_\_\_\_\_

-----  
***Pursuant to MGL Chapter 62c, Section 49a I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.***

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Signature of Individual for Corporation (Corporate Office)                      Date

\*\*\*Fee must accompany application\*\*\*

1/2010