

FOR OFFICE USE ONLY
Received date:

Approved:

Permit #



AMHERST INSPECTION SERVICES
4 BOLTWOOD AVENUE • AMHERST • MA • 01002
Office (413) 259-3030 Fax (413) 259-2402
www.amherstma.gov

**APPLICATION FOR A LICENSE TO OPERATE A RECREATIONAL
CAMP FOR CHILDREN**

Application is due 45 days prior to the camp opening.

Name of Camp: _____

Site Address: _____

Mailing Address (if different): _____

Camp Business Phone: _____ Email: _____

Name of Camp Owner: _____

Off Season Mailing Address: _____

Phone: _____ Email: _____

Name of Camp Operator (if different from owner) _____

Phone: _____ Email: _____

Type of Camp: <input type="checkbox"/> Day <input type="checkbox"/> Residential <input type="checkbox"/> Trip/Primitive/Travel	Description: <input type="checkbox"/> Sport <input type="checkbox"/> Non Sport
Hours of Operation:	Total Number of Sessions: _____

Please note: The pre-opening inspection will be scheduled at least ten (10) days prior to the first day of camp.

Session	Start Date	End Date	Camp Capacity	# Staff Over 18	# Staff Under 18	Volunteer Staff
1						
2						
3						
4						
5						
6						
7						
8						

ALL STAFF AND VOLUNTEERS
ALPHABETICALLY LISTED by their LEGAL last name

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Last Name	First Name	Title	Date of Birth or Age	CORI	SORI	

Use as many pages as necessary to complete.

EMPLOYEE CREDENTIALS AND CERTIFICATIONS

CAMP DIRECTOR NAME: _____

Please describe coursework in camping administration or previous camp administration experience:

HEALTH CARE CONSULTANT NAME: _____

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

_____ Massachusetts License Number: _____

HEALTH SUPERVISOR NAME: _____

Type of Medical License, Registration or First Aid/CPR (105 CMR 430.159 (C)): _____

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Type of Medical License, Registration or First Aid/CPR (105 CMR 430.159 (C)): _____

POOL USE: If pool facilities, aquatics director and/or lifeguards are contracted services, please provide a copy of the contract.

AQUATICS DIRECTOR NAME: _____

Lifeguard Certificate issued by: _____ Expiration Date: _____

American Red Cross CPR Certificate: _____ Expiration Date: _____

Previous aquatics supervisory experience: _____

FIREARMS INSTRUCTOR NAME: _____

NRA Instructor's Card (or equivalent): _____ Date Certified: _____ Expiration Date: _____

HORSEBACK RIDING INSTRUCTOR NAME: _____

License Number: _____ Expiration Date: _____ Stable Name: _____

Location: _____ Licensed in accordance with MGL Ch. 111 S 155, 158: Yes ___ No ___

DOCUMENTS TO RETURN WITH APPLICATION:		Office use only
ALL CAMPS:		
Application, completed and signed		
Camp fee (see below for chart)		
Health Care Consultant Agreement		
Health Care Policy		
Health Supervisors' First Aid/CPR Training		
Worker's Compensation Affidavit		
Certificate of Worker's Compensation Insurance		
WHERE APPLICABLE:		
Lifeguard certification(s)		
Pool facilities contract		
First Aid/CPR Training certification(s)		
Fire arms certification(s)		
Horseback riding Instructor's Certification		
A lab analysis for a private water supply		
Food Establishment Application, Fee and Documents		
Camp owned Pool: Application, Fee and Documents		
Original Camp: Site Plan including: Building, structures, fixtures, facilities, septic		

CAMP LICENSE FEES		
Make checks payable to the Town of Amherst		
Residential Camp	First Session \$ 300.00	Every additional session \$ 75.00 Every session for a Residential Camp will be inspected
Non-residential Camps	First session \$ 300.00	Each additional session \$ 10.00 At least two sessions of a Non-Residential Camp having multiple sessions will be inspected
*No Charge for Initial Inspection & First Re-inspection. If violations after second inspection were not reconciled \$75.00 charge will apply for each Inspection Thereafter.		

Pursuant to M.G.L. CH. 62C Sec. 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. The undersigned hereby applies for a license in accordance with the provisions of the Statutes relating thereto Recreational Camps and attests that all statements are true.

Signature of Applicant: _____

Official Title: _____ Date: _____