

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET
NORTH EASTON, MA 02356-0129
Tel. (508) 230-0620

The Commonwealth of Massachusetts
APPLICATION FOR CAMP PERMIT

Date _____ 20 _____

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by:

Camp Name: _____
(Full name of person, firm or corporation making application)

In Season Address: _____
Zip: _____

Business Telephone: _____

Owner's Name: _____

Operator's Name: _____

Dates of Operation: _____

Off Season Address: _____
Zip: _____

Off Season Telephone: _____

Type of Camp: Residential Day Sports Other (specify) _____

Staff per season: _____ # Volunteers per season: _____ # Campers per season: _____

Fee: \$10.00

Signature of Applicant

Permit # _____

OFFICE USE ONLY

COMMENTS

_____ *Fee*
_____ *W.C. Affidavit*
_____ *W.C. Dec. Page*

Office Initial – Appl. Complete _____