

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: \$75.00

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

Permit # \_\_\_\_\_

OFFICE USE ONLY

COMMENTS

\_\_\_\_\_ *Fee*  
\_\_\_\_\_ *W.C. Affidavit*  
\_\_\_\_\_ *W.C. Dec. Page*

*Office Initial – Appl. Complete* \_\_\_\_\_