

HOURS OF OPERATION (DAY AND TIME)

NUMBER OF COUNSELORS

CAMP DIRECTOR

CAMP PHYSICIAN

OPENING DATE

WATER SUPPLY

FOOD PREPARED ON PREMISES

MILK SUPPLIER

NUMBER OF CAMPERS

6 YRS. OF AGE & LESS

OVER 6 YEARS OF AGE

TELEPHONE

TELEPHONE

CLOSING DATE

SEWAGE DISPOSAL

IF NOT WHERE

GARBAGE HAULER

SWIMMING POOL TYPE & NUMBER

_____ Swimming

_____ Wading

_____ Special Purpose

All permits expire December 31ST following the date of issue. Application for a permit shall be made to the Board of Health at least 90 days before the Date of Opening.

I hereby declare that the above statements made on this application for an Application for a RECREATIONAL DAY CAMP license are complete and true.

Pursuant to Massachusetts General Laws Chapter 62C, section 439A, I certify under 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.

TAXPAYER IDENTIFICATION #

APPLICANT SIGNATURE

DATE

① **A check or money order payable to the Town of Southborough in the amount stated above must accompany application.**