



Department of Health & Human Services  
 Board of Health  
 212 Main Street  
 Northampton, MA 01060  
 Tel: (413) 587-1214  
 Commissioner: Merridith A. O'Leary, R.S.

**FOR BOARD OF HEALTH  
 USE ONLY**  
 Amt Received: \_\_\_\_\_  
 Cash/Check No: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Workers Comp Affidavit   
 Collector's Approval

## 2026 RECREATIONAL CAMP PERMIT APPLICATION

PERMIT FEE: **\$200.00: ALL FEES PAID ARE NON-REFUNDABLE**

**APPLICATIONS MUST BE SUBMITTED 60 DAYS PRIOR TO CAMP OPENING DATE ~ LATE FEE \$100**

**COMPLETE SUPPORTING DOCUMENTATION/BINDER MUST BE SUBMITTED 5 WEEKS PRIOR TO CAMP OPENING  
 DATE ~ LATE FEE \$100**

**NO PERMITS WILL BE ISSUED IF TAXES ARE OWED**

*In accordance with the provisions of 105 CMR 430.000, chapter IV of the State Sanitary code, application is hereby made for a Permit to operate a Recreational Camp for Children in Northampton, Massachusetts.*

Date: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Telephone: \_\_\_\_\_

Name of Camp Owner: \_\_\_\_\_

Office Mailing Address: \_\_\_\_\_ Owner/Office Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Camp Operator (if different): \_\_\_\_\_

Address: \_\_\_\_\_ Camp Operator Telephone #: \_\_\_\_\_

Name of Health Care Consultant: \_\_\_\_\_

Address: \_\_\_\_\_ Consultant Telephone #: \_\_\_\_\_

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

Massachusetts License Number: \_\_\_\_\_

Health Supervisor Name: \_\_\_\_\_ Age: \_\_\_\_\_

Type of Medical License, Registration or Training (See 105 CMR 430.159 (C): \_\_\_\_\_

Name of Camp Director: \_\_\_\_\_ Age: \_\_\_\_\_

Course Work in Camping Administration: \_\_\_\_\_

Previous Camp Administration Experience: \_\_\_\_\_

# 2026 RECREATIONAL CAMP APPLICATION FOR PERMIT

TYPE OF CAMP (CHECK WHICH TYPE APPLIES)

DAY		<b>RESIDENTIAL</b>		PRIMITIVE, TRAVEL, TRIP		SPORT	
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Maximum Number of Campers Allowed Per Session: \_\_\_\_\_

Operating Days Per Year: \_\_\_\_\_

Age Range of Campers: \_\_\_\_\_

Average Number of Supervisory Camp Counselors: \_\_\_\_\_ Per Session: \_\_\_\_\_

Average Number of Junior Counselors: \_\_\_\_\_ Per Session: \_\_\_\_\_

Hours of Operation	Camp begins: _____								
Session 1	Opening:		Closing:		Location:				
Session 2	Opening:		Closing:		Location:				
Session 3	Opening:		Closing:		Location:				
Session 4	Opening:		Closing:		Location:				
Session 5	Opening:		Closing:		Location:				
Session 6	Opening:		Closing:		Location:				
Session 7	Opening:		Closing:		Location:				
Session 8	Opening:		Closing:		Location:				
Session 9	Opening:		Closing:		Location:				
Session 10	Opening:		Closing:		Location:				
List Dates of Operation, Opening, Closing and Location for all Sessions									
TOTAL # OF DAYS IN OPERATION PER YEAR:			TOTAL:						

Signature of Camp Official & Title: \_\_\_\_\_

Social Security or Federal ID Number: \_\_\_\_\_

**PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON**

*Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.*