



## Town of Mansfield - Board of Health

Town of Mansfield  
6 Park Row  
Mansfield, MA 02048

### Application for a License to Conduct a Recreational Camp for Children

**Application must be submitted at least 14 (fourteen) business days prior to the start of camp.**

Name of camp:	Type of camp: <input type="checkbox"/> Day <input type="checkbox"/> Residential
Site address:	Hours of operation:
Site telephone:	Date(s) of operation:
Name of camp owner:	_____
Office address:	_____
Owner's telephone:	_____
Owner's email:	
Name of camp operator:	
Operator's address:	_____
Operator's telephone:	<input type="checkbox"/> Swimming pool Pool permit number
Name of health care consultant:	<input type="checkbox"/> Bathing beach
Address:	<input type="checkbox"/> Meals provided Food permit number:
Telephone:	
<b>Date:</b>	<b>Signature of Applicant:</b> _____
<b>Fee: \$175.00</b>	<b>Official Title:</b> _____

See below for a list of documents that must be completed and submitted before your application for a license can be fully processed. You are encouraged to complete these documents as soon as possible and submit them in advance. This will expedite the license process.

#### Required documents

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV - 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

- |   |  |
|---|--|
| <input type="checkbox"/> Staff information form (see attached)  | <input type="checkbox"/> Disaster plan (105 CMR 430.210(B))            |
| <input type="checkbox"/> Procedures for the background review of staff (105 CMR 430.090)  | <input type="checkbox"/> Lost camper plan (105 CMR 430.210(C))         |
| <input type="checkbox"/> Copy of promotional literature (105 CMR 430.190 (C))   | <input type="checkbox"/> Lost swimmer plan (105 CMR 430.210(C))        |
| <input type="checkbox"/> Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)  | <input type="checkbox"/> Traffic control plan (105 CMR 430.210(D))     |
| <input type="checkbox"/> Health care policy (105 CMR 430.159(B))  | <input type="checkbox"/> Day camp - contingency plan (105 CMR 430.211) |
| <input type="checkbox"/> Discipline policy (105 CMR 430.191)  |  |
| <input type="checkbox"/> Fire evacuation plan - approved by local fire department (105 CMR 430.210(A))  |  |
| <input type="checkbox"/> Current certificate of occupancy from local building inspector (105 CMR 430.451)   |  |
| <input type="checkbox"/> Written statement of compliance from local fire department (105 CMR 430.215)   |  |
| <input type="checkbox"/> Primitive, Trip or Travel Camps - Written itinerary, including sources of emergency care, and contingency plan (105 CMR 430.212)   |  |
| <input type="checkbox"/> If applying for initial license after January 1, 2000 - lab analysis of private water supply (if applicable) (105 CMR 430.300.303) |  |

Please note: If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- Buildings, structures, fixtures, and facilities
- Proposed source of water supply
- Works for disposal or sewage and waste water



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### Camp Director

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Coursework in camping administration: \_\_\_\_\_

Previous camp administration experience:

### Health Care Consultant

Name: \_\_\_\_\_

MA License Number: \_\_\_\_\_

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

### Health Supervisor

Name: \_\_\_\_\_

Age: \_\_\_\_\_

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

### Aquatics Director

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Lifeguard Certificate issued by: \_\_\_\_\_

Expiration date: \_\_\_\_\_

American Red Cross CPR Certificate: \_\_\_\_\_

Expiration date: \_\_\_\_\_

American First Aid Certificate: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Previous aquatics supervisory experience:

### Firearms Instructor

Name: \_\_\_\_\_

National Rifle Association Instructor's Card (or equivalent):

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

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

### Horseback Riding Instructor

Name: \_\_\_\_\_

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

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

### Stable

Location: \_\_\_\_\_

License in accordance with MGL Ch.111 s. 155, 158: Yes \_\_\_\_ No \_\_\_\_



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### **Attach**

*The names, ages, applicable current certifications (if any), such as First Aid, and the anticipated role at the camp of all supervisory staff (see below). Use as many pages as necessary to complete this.*

### **Supervisory staff**

*Means those persons with the responsibility, authority and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders, or other staff who provide supervision to campers without assistance.*

## TAX CERTIFICATION FORM

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.

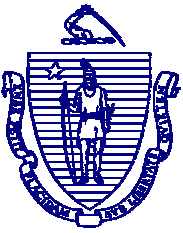
\_\_\_\_\_  
Signature of Individual or Corporate Name

\_\_\_\_\_  
By: Corporate Officer (*Mandatory, if Applicable*)

\_\_\_\_\_  
*\*\*Social Security No. (Voluntary) or Federal  
Identification Number*

**\*This license will not be issued unless this certification clause is signed by the applicant.**

**\*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency **will be subject to license suspension or revocation.** This request is made under the authority of Massachusetts General Law Chapter 62C, section 49A.**



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am a employer with \_\_\_\_\_ employees (full and/ or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

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

Phone #: \_\_\_\_\_

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)