FEE: _____
Non-refundable application fee

OFFICE OF THE
BOARD OF HEALTH
13 East Central St., Natick MA 01760

Telephone 508-647-6460
Fax– 508-647-6466
health@natickma.org
https://www.natickma.gov/

APPLICATION TO OPERATE A RECREATIONAL CAMP

Date: _____

1. Type of Camp

☐ Recreation Camp ☐ Primitive/Outpost Camp ☐ Residential Camp ☐ Travel or Trip Camp

☐ Sport Camp ☐ Other: _____

2. Camp Information

Name of Camp: _____

Camp Address: _____

Mailing Address (if different than above): _____

Phone Number on site: _____ Total Number of Sessions: _____

Date(s) of Operation: _____ Hours of Operation: _____

Name of Camp Director: _____

Phone Number of Camp Director: _____ Email: _____

Describe the camp program: _____

_____

_____

3. Health Care Consultant Information

Name of Health Care Consultant: _____ Title: _____

MA License Number: _____

Mailing Address: _____

Phone Number: _____ Email: _____

4. Health Care Supervisor Information

Name of Health Care Supervisor: _____

☐ MD ☐ NP ☐ PA ☐ RN ☐ LPN ☐ First Aid/CPR Certified

5. Activity and Facilities

Will vehicles transport campers or staff members? ☐ Yes ☐ No

If yes, describe: _____

_____

Does the camp have the following: *Check all applicable:*

☐ Aquatics (Pool, Bathing Beach) ☐ Archery ☐ Firearms ☐ Crafts ☐ Field Trips

☐ Challenge Courses and Climbing Walls ☐ Horseback Riding ☐ Playground ☐ Tents

☐ Athletic Equipment

Will meal(s) be prepared for campers or staff? ☐ Yes ☐ No

If yes, a permit to Operate a Food Establishment is required.

Is there a private water supply (well)? ☐ Yes ☐ No

If yes, the water MUST be tested as required by 310 CMR 22.00 Drinking Water regulations. The results MUST be included with this application.

6. Staff and Campers Information

Number of Counselors: _____ Number of Volunteers: _____

Maximum Number of Children Attending per session: _____

Statement: I, _____ have read and agree to comply with the Minimum Standards for Recreational Camps for Children – State Sanitary Code, Chapter IV, 105 CMR 430.000. Pursuant to M.G.L. Ch. 62C, § 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature: _____ Print: _____

Title: _____

To obtain a Permit to Operate a Recreational Camp please submit the following:

☐ Completed "Application to Operate a Recreational Camp". Incomplete applications and missing documents may cause a delay in the permit process. **Do not leave any blank spaces**.

☐ Make check payable to "Town of Natick". Credit cards are not accepted at this time. **All fees are non-refundable.** Check, complete application and required documents can be mailed together to: Natick Board of Health, 13 East Central St., Natick MA 01760. Applicable fees:

- **1-3 Sessions: $150**
- **4-6 Sessions: $200**
- **7 or more Sessions: $250**

☐ Completed "Workers' Compensation Insurance Affidavit" form including the first page of the policy. See page 3. Include the front copy of your policy.

☐ Copy of promotional literature.

☐ Primitive, Trip or Travel Camps-Written itinerary, including sources of emergency care, and contingency plans.

☐ Lost Swimmer Plan (if applicable).

☐ Traffic Control Plan.

☐ Lost Camper Plan.

☐ Procedures for reporting suspected child abuse or neglect.

☐ Discipline Policy.

☐ Disaster Plan.

☐ Day Camps-Contingency Plans.

☐ Please refer to "14-Day Advance Required Checklist" for additional required documents.

☐ For **NEW** applicants, a complete application and all pertaining documents mentioned above, must be submitted no later than **four (4) weeks prior** to the start of camp.

For Official Use Only

☐ Approved as submitted

☐ Approved as submitted with the following conditions: _____

☐ Disapproved as submitted: _____

Reviewed By: _____ Title: _____

Date Reviewed: _____ Date Permit was Issued: _____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
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 § 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 (check 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."

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.

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.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750
Tel. (857) 321-7406 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia