



BOARD OF HEALTH  
**TOWN OF FOXBOROUGH**  
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET  
Tel. (508) 543-1207  
Fax (508) 543-6278

**APPLICATION FOR A PERMIT TO OPERATE A  
RECREATIONAL CAMP FOR CHILDREN**

**Fee: \$250.00**

(Checks payable to "Town of Foxborough")

\***Submittal Requirements:** 30 days prior to planned opening (license renewals only)  
90 days prior to planned opening (applicable for (first time) initial license in the Town)

\***(\$200.00 late fee will be charged if submittal time frame requirements are not met)**

BHP # \_\_\_\_\_  
DATE REC'D \_\_\_\_\_  
CHECK# \_\_\_\_\_

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

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

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

Website/Social Media Address: \_\_\_\_\_

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

E-mail Contact: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Please specify the e-mail you would like your permit sent to: \_\_\_\_\_

**Name of Camp Director/Operator (if different):** \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**Camp Operating Information:**

Type of Camp: Day \_\_\_\_\_ Residential \_\_\_\_\_

Dates of Operation: Opening: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_  
Closing: \_\_\_\_\_ # of days/week: \_\_\_\_\_

**Additional Camp Information:**

Has the Camp previously operated in Massachusetts? \_\_\_ Yes \_\_\_ No

If yes – What was the Camp Name(s) under which it operated: \_\_\_\_\_  
Operating years: \_\_\_\_\_

**Health Care Consultant Name:** \_\_\_\_\_

Phone # (to reach during camp operation): \_\_\_\_\_

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

Type of Medical License (choose one): \_\_\_ Physician  
\_\_\_ Physician Assistant (Must have pediatric training)  
\_\_\_ Nurse Practitioner  
\_\_\_ Other: \_\_\_\_\_  
*(please specify)*

**Health Care Supervisor Name:** \_\_\_\_\_

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

Type of Medical License, Registration or Training as required under 105 CMR 430.159(C):  
\_\_\_ Physician  
\_\_\_ Physician Assistant  
\_\_\_ Nurse  
\_\_\_ Nurse Practitioner  
\_\_\_ Other: \_\_\_\_\_  
*(please specify)*  
*(Must have current First Aid/CPR Training)*

**Additional Requirements (as applicable):**

- Does your camp utilize swimming pools? \_\_\_ Yes \_\_\_ No
  - *If Yes – Total # of Pools:* \_\_\_\_\_
  - *If Yes – Aquatics Director Name:* \_\_\_\_\_

- ***If Yes – Submit “Application for Swimming Pool/Spa” and fee. You must comply with 105 CMR 435.000 (Minimum Standards for Swimming Pools)***

- Does your camp offer any of the following high risk activities? *(Check all that apply)*
  - \_\_\_ Watercraft Activities
  - \_\_\_ Scuba Diving
  - \_\_\_ Firearms
  - \_\_\_ Archery
  - \_\_\_ Horseback Riding
  - \_\_\_ Challenge Course and/or Climbing Wall

***(If any of the above has been checked, you must comply with 105 CMR 430.103 for all applicable requirements)***

- Will your camp provide campers with any food or beverage? \_\_\_ Yes \_\_\_ No
  - ***If Yes – Submit the “Food Establishment Permit Application” and fee. You must comply with 105 CMR 590.000 (Minimum Sanitation Standards for Food Establishments)***

- Will your camp provide off site field trips? \_\_\_ Yes \_\_\_ No

- Will your camp provide off site field trips that involve water activities? \_\_\_ Yes \_\_\_ No
  - ***If Yes – You must comply with 105 CMR 432.000 (Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps, aka “Christian’s Law”)***

- ***If Yes – Off-site Beach/Pool Location(s):*** \_\_\_\_\_  
\_\_\_\_\_

- Will your camp be utilizing any “Town-owned” fields? \_\_\_ Yes \_\_\_ No

- ***If Yes – You must contact Debbie Giardino with the Foxborough Recreation Department @ 508-543-7255 for permission to use these fields.***

- Is your camp supplied by a private drinking water supply (i.e. private well)? \_\_\_ Yes \_\_\_ No

- ***If Yes – Provide the Board of Health with the laboratory results of the drinking water sample as required by 105 CMR 430.300)***

- What is your camp’s sewage disposal system? \_\_\_\_\_ Town Sewer \_\_\_ Private Sewer

- ***If connected to a private on-site sewage disposal system, attach most recent septic tank pumping.***

Yes     No

*I understand the Board of Health may require a pre-opening inspection to be conducted at either the Camp location or the Board of Health’s Office. During this inspection, the Health Director or his/her agent will need access to all camp related documents including, but not limited to, staff experience documentation, camper and staff immunization records, and documentation showing proof of CORI and SORI background checks have been conducted.*

Yes     No    *I have included with this application all requested documents (as applicable)*

*I authorize the verification of the information provided in and with the application is true, complete, and not misleading to the knowledge and belief of the signer. I understand that any license granted based on false, incomplete, or misleading information shall be subject to suspension or revocation.*

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

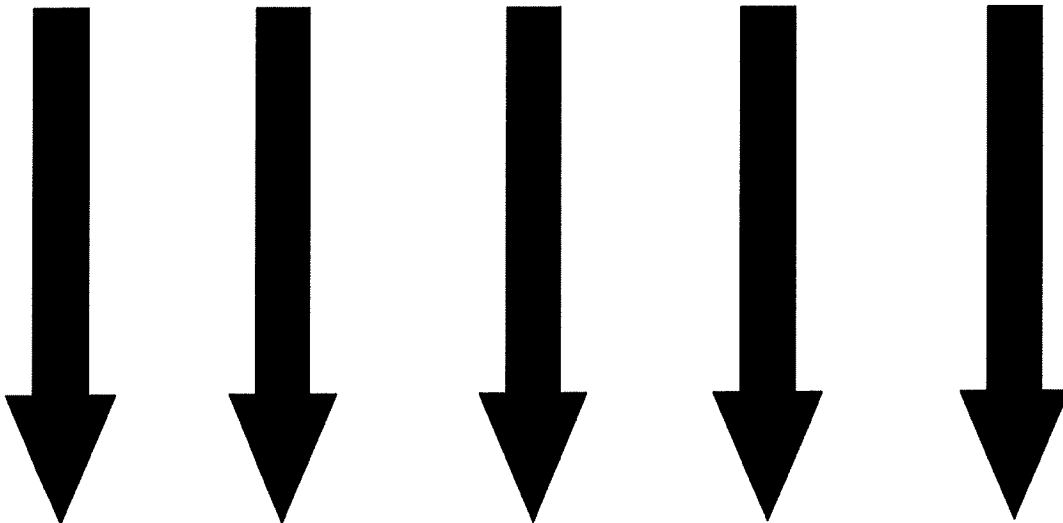
Print: \_\_\_\_\_

Official Title: \_\_\_\_\_

Applicant E-mail: \_\_\_\_\_

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

***PLEASE SEE LAST PAGE FOR ALL REQUIRED DOCUMENTATION THAT MUST BE SUBMITTED WITH THIS APPLICATION***



***To expedite the permit approval process, please refer to the following list of documents that MUST BE INCLUDED WITH THIS APPLICATION for our review. These documents should also be incorporated into your staff training and part of your Camp Binder which must be kept onsite and accessible at all times.***

***Please consult the State Sanitary Code, Chapter IV – Minimum Standards for Recreational Camps for Children (105 CMR 430.000) and the guidance documents issued by the Department of Public Health, Division of Community Sanitation while developing the following documents. You can find the Division of Community Sanitation at <https://www.mass.gov/community-sanitation>.***

**Required documents for submittal:**

- Procedures for the Background Review of Staff and Volunteers (105 CMR 430.090)
- Written Policies and Procedures Related to Staff Orientation and Training (105 CMR 490.091)
- Procedures for Reporting Suspected Child Abuse or Neglect (105 CMR 430.093)
- Health Care Policy (105 CMR 430.159(B))
- Administration of Medications at Camp Policy (105 CMR 430.160(D))
- Topical Application of Sunscreen Policy (105 CMR 430.163)
- Copy of Printed Promotional Literature (105 CMR 430.190(C))
- Written Protocol for the Appropriate Identification and Handling of Unrecognized Persons at Camp (105 CMR 430.190(E))
- Discipline Policy (105 CMR 430.191)
- Lost Swimmer Plan (105 CMR 430.204(D), 105 CMR 430.210(C))
- Fire Evacuation Plan - Approved by Local Fire Department (105 CMR 430.210(A))
- Disaster/Emergency Plan (105 CMR 430.210(B))
- Lost Camper Plan (105 CMR 430.210(C))
- Traffic Control Plan (105 CMR 430.210(D))
- Day Camps – Special Contingency Plans (105 CMR 430.211)
- For all field trips - Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- Written Statement of Compliance from the Local Fire Department (105 CMR 430.215)
- Current Certificate of Inspection from the Local Building Inspector (105 CMR 430.451)
- Auto Insurance Certificate if Transporting Campers (105 CMR 430.253)

**If applying for an initial license, please provide the following:**

- Lab analysis of private water supply (if applicable) (105 CMR 430.300)
- A plan showing the following (105 CMR 430.631):
  - Buildings, structures, fixtures and facilities
  - Source of water supply
  - Proper disposal or sewage and waste water



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

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

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

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

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*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 #: \_\_\_\_\_

<p><b>Official use only. Do not write in this area, to be completed by city or town official.</b></p>	
<p>City or Town: _____</p>	<p>Permit/License # _____</p>
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office</p> <p>6. Other _____</p>	
<p>Contact Person: _____</p>	<p>Phone #: _____</p>

# 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**  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE

Fax # 617-727-7749

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