



Nashoba Associated Boards of Health
Environmental Health Service
30 Central Avenue, Ayer, Ma. 01432

APPLICATION FOR LICENSE: TO OPERATE AND MAINTAIN: RECREATIONAL CAMPS, FAMILY-TYPE CAMPGROUNDS, OVERNIGHT CABINS, MOTEL/HOTEL OR MANUFACTURED HOUSING COMMUNITY.

APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE A RECREATIONAL CAMP, A CAMPGROUND, OVERNIGHT CABINS, A MOTEL, OR A MANUFACTURED HOUSING COMMUNITY AS COVERED BY CHAPTER 140 OF THE GENERAL LAWS, AS AMENDED BY THE ACTS OF 1956 AND/OR LATER AMENDMENTS.

NAME OF ORGANIZATION, PERSON TO WHOM THE LICENSE SHOULD BE ISSUED: _____

NAME, ADDRESS & TELEPHONE NUMBER OF FACILITY: _____

MAILING ADDRESS, TELEPHONE NUMBER OFF SEASON _____

NAME OF DIRECTOR OR MANAGER: _____

CHECK TYPE OF FACILITY	<u>MAXIMUM CAPACITY</u>
_____ RECREATIONAL CAMP	_____ NUMBER OF GUESTS
_____ FAMILY-STYLE CAMP	_____ NUMBER OF CAMPSITES/GUESTS
_____ OVERNIGHT CABIN	_____ NUMBER OF CABINS/GUESTS
_____ MOTELS/HOTELS	_____ NUMBER OF ROOMS/GUESTS
_____ MANUFACTURING HOUSING COMMUNITY	_____ NUMBER OF SITES

IF NOT OPERATING YEAR ROUND, DATE OPEN FOR BUSINESS _____ DATE CLOSING _____ .
 IF NEW BUSINESS, DATE OF INTENDED OPERATION _____

PROPOSED SOURCE OF WATER SUPPLY _____
 (IS WATER SUPPLY APPROVED BY DEP?) _____ YES _____ NO

PROPOSED SOURCE OF MILK SUPPLY _____

METHOD OF SEWAGE DISPOSAL _____

METHOD OF GARBAGE & RUBBISH DISPOSAL _____

I HAVE/HAVE NOT RECEIVED A COPY OF THE REGULATIONS GOVERNING THE OPERATION OF RECREATIONAL CAMPS, OVERNIGHT CAMPS OR CABINS, MOTELS AND MANUFACTURING HOUSING COMMUNITY. THIS IS TO CERTIFY THAT THIS (CHECK ONE) RECREATIONAL CAMP _____, CAMPGROUND _____, OVERNIGHT CABIN _____, MOTEL _____, OR MANUFACTURED HOUSING COMMUNITY _____ IS IN COMPLIANCE WITH THE REGULATIONS AS SET FORTH BY YOUR BOARD.

MAKE CHECKS PAYABLE TO THE TOWN OF _____ IN WHICH YOUR ESTABLISHMENT IS LOCATED. (FEE IS: \$10.00, TOWN OF LUNENBURG FEE IS \$25.00 & TOWN OF PEPPERELL FEE IS \$50.00).

Rev. 12/7/20

SIGNED: _____

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