

45 Railroad Street
Lee, MA 01238

Tri-Town Health Department

Application for Health Department Licences
Towns of Lee, Lenox and Stockbridge
info@tritownhealth.org

P. (413) 243-5540
F. (413) 243-5542

Recreational Children's Camp Permit Application

Company Name: _____

Owner First Name: _____

Owner Last Name: _____

Director First Name: _____

Director Last Name: _____

Mailing Address: _____

Facility Address: _____

Business Phone: _____

Owner Phone: _____

Email Address: _____

Fax Number: _____

Tax ID Number: _____

Please Answer All Questions

Camp Name: _____

Town(s): _____

Sewage Disposal: Public _____ Private _____

Potable Water Source: _____

Number of Pools: _____ Certified Pool Operator: _____ Expires: _____

List any natural water bodies used for swimming or other water sports activities

Number of Campers: _____ Number of Counselors: _____

Number of Counselors Under 16: _____

Dates of Operation: _____ to _____

Do all buildings have current certificates of inspection issued by local Building Inspector? Y N

If response is no, explain status: _____

Number of Camp/Tent sites used: _____

Fee Schedule

Number of Campers	Fee	Implementation
< 50	\$65.00	1/1/2014
51-100	\$115.00	1/1/2014
101-200	\$215.00	1/1/2014
> 201	\$315.00	1/1/2014

Check Amount: _____

Check Number: _____

**Please make checks Payable to EACH TOWN in which you are
applying for license**

Pursuant to MGL ch. 62C, sec. 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 of Individual or Corporate Name: _____

Signature of Corporate officer: _____

Date: _____

Payment is Due with Application. A \$35.00 Late Fee will be Assessed if Application is not Received by 12/31

Please mail Application & Fees to the Tri-Town Health Department

***As of May 1st 2015 an e-mail address is required to process every application.**