March, 2016

CAMP LICENSING INFORMATION AND APPLICATION

Dear Newton Camp Operator:

Welcome to the 2016 camp season. As you prepare for camp, we urge you to check the Massachusetts Department of Public Health’s website on camp licensure (http://www.mass.gov/dph/dcs) click on the Recreational Camps for Children Link). This site has a wealth of information to assist you in meeting the regulations. We strongly recommend that you copy the inspection report found on this web page. It is the form that we use in our inspections and can serve as a tool to ensure you have in place all the needed forms, plans, staffing, etc.

Camp inspections must be accomplished in an efficient manner therefore we require full compliance with the regulations in order for you to open your camp. You must have the following documents and approvals in place prior to camp opening:

✓ Certificate of Inspection specifically for your camp, even if it is in a facility that is inspected other purposes (Inspectional Services Department at 617-796-1060)

✓ Fire Department Inspection Certificate for your camp (Fire Prevention at 617-796-2230)
  ○ *This requires a separate $100 fee payable to the City of Newton at the time the application is submitted. This fee is in addition to the standard $50 licensing fee made payable to the City of Newton at the time of application.

✓ Food Service Permit (if applicable) from the Newton Health and Human Services Department

✓ Pool Permit (if applicable) from the Newton Health and Human Services Department

✓ Affidavit of Worker’s Compensation Insurance - please complete the attached Worker’s Compensation Affidavit and return it with your application, as well as a copy of your Worker’s Compensation policy if applicable. If you have questions about this form, please call the Massachusetts Dept. of Industrial Accidents at 617-727-4900 ext. 7406

All the necessary documents, plans, medical records, etc. must be in place for inspection and licensing of your camp. New camp operators are required to meet with us before the camp starts to ensure that the camp will be in compliance BEFORE the first day.

You will receive a call or email from our department to schedule an on-site camp inspection prior to the opening date or during the first few days of camp.

Sincerely,

Linda Walsh, Deputy Commissioner
Health and Human Services
APPLICATION FOR LICENSE TO OPERATE A SUMMER RECREATION CAMP

Date: ___________ Telephone Number: ___________ Email Address: ________________

Name of Camp: ____________________________________________________________________________

Address: ____________________________________________________________________________ Street City & State Zip Code

Owner: ______________________________________________________________________________________

Off Season Address: __________________________________________________________________________

Sponsoring Organization: _____________________________________________________________________

Address: ____________________________________________________________________________________ Street City & State Zip Code

Director: ___________________________ Telephone Number: ________________________________

Type of Camp: Day _____ Hours ______ Overnight ____ Other: _________________________________

Maximum Number of Campers: _________________ Number of Staff: _________________________

Date Camp Opens: _______________ Date Camp Closes: ________________

Date Camp Opens: _______________ Date Camp Closes: _______________ (if 2nd session)

Source of Water/Sewage Supply: _______________ Method of Garbage Disposal: ________________

Pursuant to M.G.L. Chapter 62C, Sec. 47A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all states taxes required under law.

_________________________ ___________________________
Social Security # or Federal I.D. # Signature of Individual or Corporate Name

PLEASE SUBMIT APPLICATION AND FEE OF FIFTY DOLLARS ($50.00) PAYABLE TO THE CITY OF NEWTON TO THE ABOVE ADDRESS BY JUNE 1. APPLICATIONS RECEIVED AFTER JUNE 1 WILL BE SUBMITTED TO A $25.00 LATE FEE.

PLEASE SUBMIT SEPARATE FIRE INSPECTION FEE OF ONE HUNDRED DOLLARS ($100) PAYABLE TO THE CITY OF NEWTON WITH THE APPLICATION AND LICENSING FEE BY JUNE 1.
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

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):
6. Other ____________________________

Contact Person: ____________________________ Phone #: ____________________________

www.mass.gov/dia