



**Town of Wilbraham**  
**APPLICATION FOR A LICENSE**  
**Board of Selectmen and Board of Health**

In accordance with the provisions of Massachusetts General Laws and Wilbraham Town Bylaws, application is hereby made for:

check	description	fee	application supplement
	* requires health inspection		
	Section 14, Special One-Day Liquor	\$45.00	yes
	Food Establishment Permit *	\$75.00 Restaurant, mixed use \$60.00 Convenience, limited non-hazardous, bed & breakfast kitchen, bakery \$350 Retail grocery, 2550+sf	yes
	Temporary Food Establishment * <i>(non-profit/charitable may request waiver of fee)</i>	\$20.00/day max. \$75.00	yes
	Amend Food Establishment Permit *	\$25.00	yes
	Common Victualer	\$25.00	no
	Retail Sale of Milk and Cream	\$10.00	no
	Juke Box (see Sunday)	\$20.00	no
	Pool Tables or Games (see Sunday)	\$20.00 each	yes
	Entertainment – Annual (Monday-Saturday)	\$100.00	yes
	Entertainment - Event (Monday-Saturday)	\$25.00	yes
	Sunday Entertainment - regular hours <i>required to operate pool tables or juke box on Sunday. (special hours available \$100 state and \$50 town)</i>	\$50.00 state and \$50.00 town	state form
	Sunday Entertainment - one day <i>required to operate pool tables or juke box on Sunday. (special hours available \$5 state and \$10 town)</i>	\$2.00 state and \$10.00 town	state form
	Motel, Cabins, Summer Camp *	\$75.00	yes
	Class 1 Auto Sales	\$100.00	yes
	Tanning Facility *	\$50.00	yes
	Tobacco Sales Permit	\$100.00	yes
	Swimming Pool - Public/ Semi Public *	\$50.00	yes
	Frozen Dessert – wholesale mfg *	\$200.00	yes
	Frozen Dessert – small business mfg retail *	\$50.00	yes
	Body Art Establishment*	\$1000.00	yes
	Body Art Practitioner	\$100.00	yes

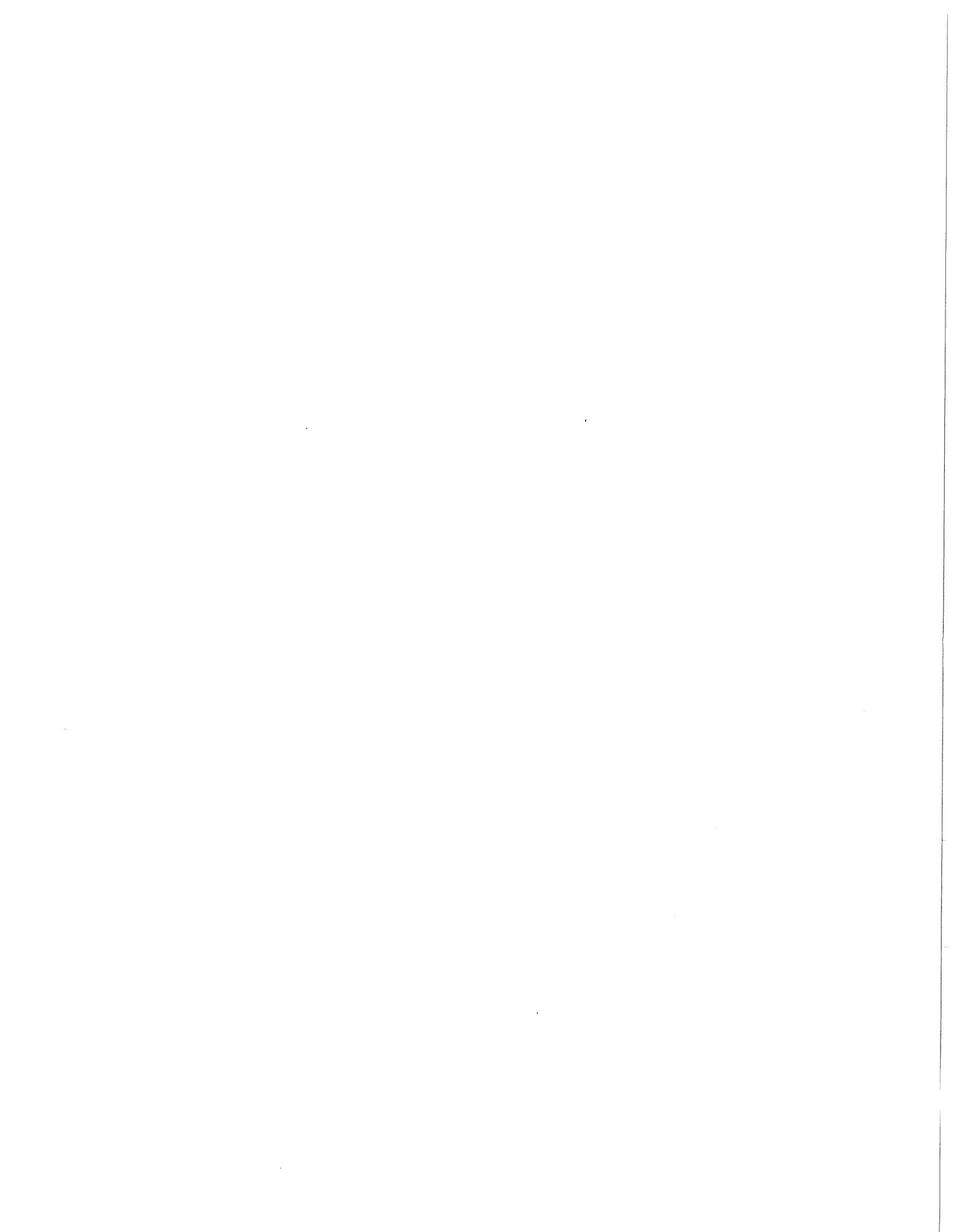
*Pursuant to the Mass. General Laws, Chapter 62C, Section 49A, I certify under penalties of perjury, that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.*

Signature \_\_\_\_\_

SSN or Federal ID Number \_\_\_\_\_

Address \_\_\_\_\_

telephone \_\_\_\_\_



# TOWN OF WILBRAHAM

240 Springfield Street  
Wilbraham, Massachusetts 01095



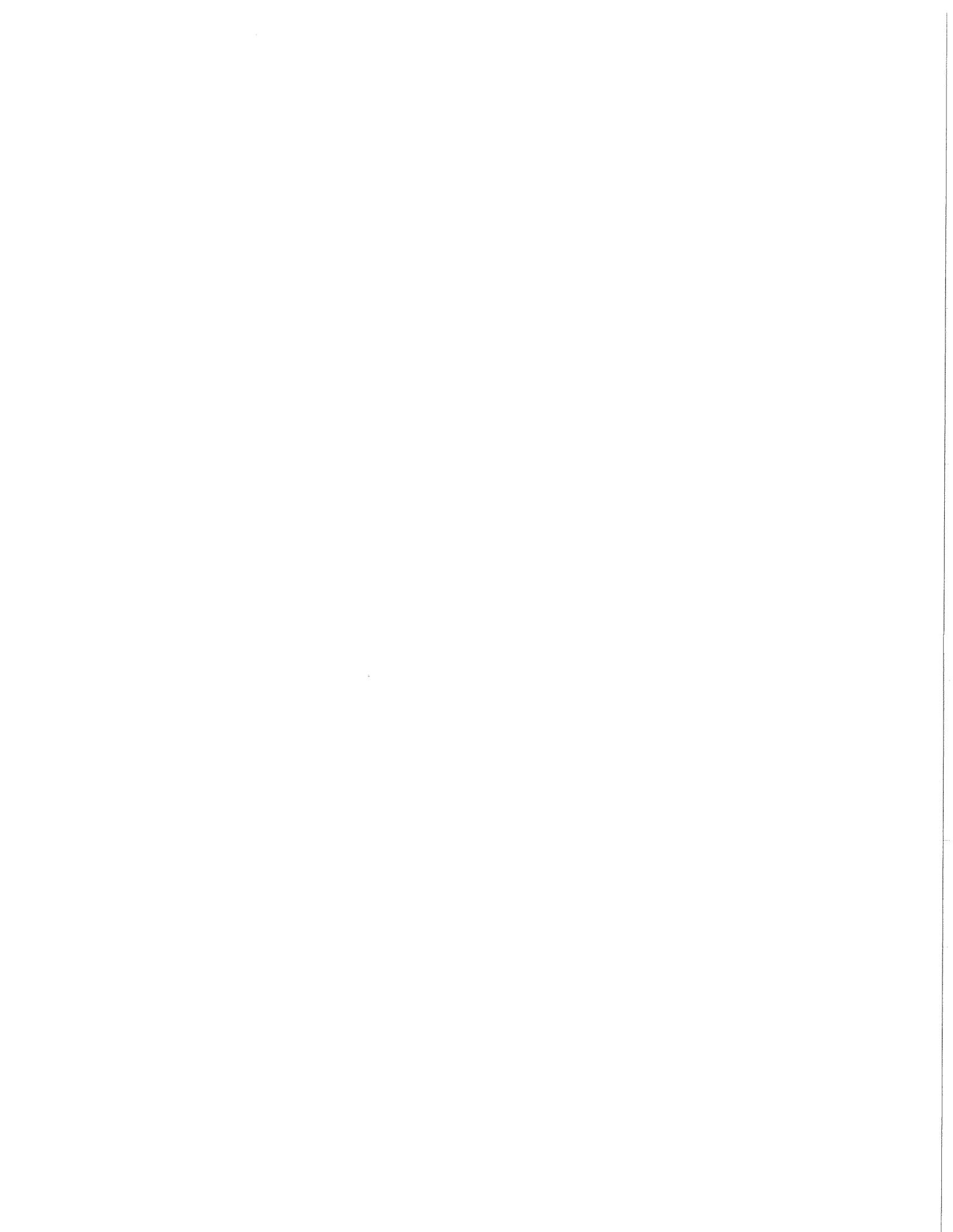
**FEE \$75.00**  
**SUPPLEMENTARY APPLICATION**  
**FOR A SEASONAL CAMP LICENSE 2012**

Date \_\_\_\_\_

In accordance with the provisions of Massachusetts General Laws Chapter 140, Sections 32A-32E, the Board of Health licenses seasonal camps in Wilbraham. Seasonal camps are defined and regulated by the Massachusetts Department of Public Health, 105 CMR 430.000. Please review these regulations. If you do not have a copy of the regulations, please request one.

Name of Camp	
Address (location) of camp	
Name of Owner	
Name of Operator	
Off-season mailing address	
Off-season telephone	
Period camp is open (begin and end date)	
Average number of campers per day	
Number of staff per day	
Is there swimming? Pool or Lake? (enter pool permit number)	
Is there food preparation or service? (enter food establishment permit number)	
List special high risk activities: (firearms, archery, horseback riding, rafting, etc. )	
Drinking water source	

Continued next page



Camp Director Name:  Age:	Describe coursework in camping administration and previous camp administration experience:
Health Care Consultant Name:	Type of Medical License and Mass License Number:
Health Supervisor Name:  Age:	Type of Medical License, Registration or Training:
Aquatics Director Name:  Age:	Lifeguard Certificate issued by: Expiration date:  American Red Cross CPR Certificate: Expiration date:  American First Aid Certificate: Expiration date:  Previous aquatics supervisory experience:

Office use: Record of Inspections, 2009	
<input type="checkbox"/> Preliminary Inspection date: _____	by: _____
<input type="checkbox"/> Full Operation Inspection date: _____	by: _____
<input type="checkbox"/> Follow Up Inspection date: _____	by: _____
<input type="checkbox"/> Pool/Swimming Inspection date: _____	by: _____

Please review the appended list of documents which your camp is required to provide. For assistance with the development of these documents, contact the **Massachusetts Department of Public Health, Division of Community Sanitation, 305 South Street, Jamaica Plain, MA 02133; phone (617) 983-6761**



FOR YOUR REFERENCE

NAME OF CITY OR TOWN

STATE SANITARY CODE: CHAPTER IV, MINIMUM SANITATION AND SAFETY STANDARDS FOR RECREATIONAL CAMPS FOR CHILDREN, 105 CMR 430.000

**RECREATIONAL CAMP FOR CHILDREN INSPECTION REPORT**

NAME OF CAMP		ADDRESS	
OWNER		OFF SEASON ADDRESS	
CAMP DIRECTOR		INSPECTED BY	
CAPACITY	WATER SOURCE	DATE OF INSPECTION	

Regulation 105 CMR 430.000 The items marked below with an "X" indicate the violated provisions of 105 CMR 430.000. Items marked with a "✓" are satisfactory.

REGULATION	"X/✓"	VIOLATIONS/COMMENTS
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		<b>Office Inspection / Paperwork</b>
		<p><b>Required written plans and procedures</b> Check to see that the following are in place:</p> <p>.090 Background Check review procedure</p> <p>.091 Staff orientation plan</p> <p>.093 Prevention/Reporting Suspected Abuse or Neglect</p> <p>.159 Health Care policy - must be approved by BOH/ Signed written orders for use by the health supervisor</p> <p>.191 Discipline policy</p> <p>.210 Fire Evacuation plan, Disaster plan, Lost Camper and Lost Swimmer plans, Traffic Control</p> <p>.211 Contingency Plans – Day Camps</p> <p>.212 Contingency Plans – Primitive, Travel and Trip</p> <p>.451 Current Certificate of Occupancy issued by local building inspector</p> <p>.215 Written statement of compliance from the local fire department</p> <p>.300 Reports of chemical and bacterial analyses of private water supply (if not regulated by DEP)</p>
		BOH Approval of Health Care policy _____
		<p><b>Obtain copy of promotional literature and package sent to the parents</b> Check to see that it contains the following:</p> <p>.159 Copy of the policy re: the care of mildly ill campers, administration of medication, procedures for emergency care.</p> <p>.190 Parents informed that copies of background check, health care and discipline policies, and grievance procedures are available upon request.</p>

.190	Statement re: regulatory compliance and licensing		
.101 .103 .103 .100 .159 .252	<b>Staff Qualifications</b> Check age, experience and certifications/licenses - keep copies of certifications in file  Camp Director – on site at all times Aquatics Director, Lifeguards, Scuba Diving Firearms Instructor, Horseback Riding Instructors Counselors and Junior Counselors Health Care Consultant (HCC) Health Supervisor Camp vehicle drivers		<b>Names</b>  Director _____ Aquatics Director _____ HCC _____ License # _____ Health Supervisor _____ Qualifications _____
.090	<b>Staff Background Checks</b>  Prior work history, references, CORI, SORI, out of state/international criminal background checks  Staff may not have unsupervised contact with campers until background check is approved. May be with a staff person with an approved background check.		Number of files checked _____
.091 .159	<b>Staff Orientation</b>  All paid staff and volunteers must receive orientation (including medical policy) before working with children or supervising others.		
<b>Medical Facilities/Records</b>			
.161 .161 .160 .160 .159 .160 .159	<b>Infirmary/First Aid Inspection</b>  Infirmary provided. (Day and Residential camps) Exterior light visible at night from a distance (Res.)  Designated area for isolation of ill child.  Required First Aid Supplies  Proper Storage of Medications – secured storage containers, proper labeling of medications  List of medications signed by Health Care Consultant  Health supervisor at camp at all times; medication administered only by health supervisor(s)  Written orders signed by Health Care Consultant available for use by health supervisor		
.155 .150 .154 .156	<b>Medical Log/Injury Reports/Health Records</b>  Bound medical log with pre-numbered pages; all entries in ink; no skipped lines – readily available  Injury reports completed for each fatality or serious injury. Copy of report sent to MDPH  Required health records maintained for campers and staff  Medical records available to camp health personnel and authorized public health representatives		

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<b>Camp Activities</b>																											
430 431 432  432  103 204	<b>Aquatics</b>  Swimming Pool: In compliance with 105 CMR 435.000, Minimum Standards for Swimming Pools. Permit posted. Fence, safety equipment provided.  Bathing Beaches: Water quality tested in accordance with 105 CMR 445.000. Results reported. Diving area maintained. Safety equipment  Aquatics director providing direct supervision  Swimming areas in clean and safe condition; no swimming at undesignated sites																										
204  204  204  204	Proper ratio of properly certified counselors and lifeguards to campers for supervising swimming  Camper swimming ability assessed; campers confined to appropriate swimming areas.  Method of supervising and checking bathers established; staff familiar with lost swimmer plan  No swimming after dark unless adequate lighting is provided and swimming is restricted to shallow water																										
103  206	Scuba Diving supervised by certified individuals  Scuba Diving equipment in good condition																										

.103	Proper ratio of certified counselors to campers to supervise watercraft activities.		
.103	All staff and campers wearing U.S. Coast Guard approved personal floatation devices while participating in watercraft activity.		
.204	All watercraft equipped with U.S. Coast Guard approved flotation devices.		
.204	No small craft in the swimming area unless used by lifeguards on duty.		
.103 .204	Campers properly certified before participating in white water, hazardous salt water or hazardous fresh water activities.		
.103	A minimum of two counselors each in separate watercraft supervising all white water, hazardous salt water or hazardous fresh water activities.		
	<b>Firearms</b>		
.201	Firearms kept in good condition. Must be stored in a locked cabinet when not in use. Ammunition stored in a locked cabinet away from firearms.		
.201	Shooting range located away from other activity areas.		
.103	Proper supervision by counselors and certified instructor		
.203	Personal weapons restricted		
	<b>Archery</b>		
.202	Archery equipment kept in good condition. Must be stored under lock and key when not in use.		
.202	Archery range located away from other activity areas. Must be clearly marked as a danger area. Must have at least 25 yards clearance behind each target.		
.103	Proper supervision by counselors		
.203	Personal weapons restricted		
	<b>Horseback Riding</b>		
.103	Properly licensed riding instructors and stables		
.208	Riders must wear a hard hat		
.208	One experienced instructor for every ten riders on a trail excursion (Minimum of two staff members)		
.205	<b>Crafts Equipment</b>		
	Arts and crafts equipment must be in good repair, of safe design, properly installed and used with proper safety precautions.		
.206	<b>Playground and Athletic Equipment</b>		
	Athletic equipment properly set up and maintained		
	Playing fields and surfaces free from holes and obstructions		
	Playground equipment in good repair and safe design and securely anchored		
	No asphalt or concrete surfaces under or around playground equipment		
	Canvas or other pliable seats for swings		

	General Program Requirements		
.190	Program of activities and physical environment meets the needs of the campers and does not pose a hazard to their health and safety.		
.190	Campers released only to parents or individual designated in writing by the parent unless approved in writing by the board of health.		
.165	Tobacco use restricted to designated areas not accessible to campers. Must comply with local ordinance(s).		
.163	Operator encourages reduced exposure to ultraviolet rays from the sun.		
.209	Telephone provided with roster of emergency numbers, including the health care consultant.		
.213	Emergency Communication System		
.207	Proper storage and operation of power equipment.		
.214	Flammable materials labeled and stored in a locked building not occupied by campers. Hazardous chemicals labeled and stored in area not accessible to campers and separate from food storage.		
.216	Smoke detectors provided		
.217	Tents fire-retardant and non-toxic. No open flame near tents.		
.400	Rodent and insect control		
.401	Weed and noxious plant control		
.250	Vehicles for transporting campers in compliance with M.G.L. c.90, in particular §§ 7B and 7D and regulations of the MA Registry of Motor Vehicles		
.251	Seat belts must be worn. Special needs of campers must be communicated to the driver.		
.253	Proper automobile insurance		
.300	Potable water supply provided; adequate quantity and pressure.		
.300	Adequate and centralized drinking water facilities provided. No common drinking cups.		
.304			
.301	Plumbing maintained in good working order		
.302	No cross connections		
.350 - 55	Proper storage and disposal of solid waste		
.360	Proper sewage disposal		
.370	Adequate number of toilets provided # _____		
.373	Adequate number of sinks provided # _____		
.374	Adequate number of showers provided # _____		
.378 - .380	Adequate toilets, sinks and shower facilities for special needs campers.		
.372	Toilets less than 200 feet from sleeping rooms. Toilet paper provided. Windows and other openings screened. Screen doors self-closing.		
.375	Toilet and shower rooms ventilated to the outdoors.		
.376	Hot water at handwash sinks, showers and bathtubs does not exceed 112° F.		
.377	Sanitary facilities maintained in a clean condition.		
.374	Shower-room floors washed daily. No duckboards.		
.450	Site location		

	Food Service		
320	Food service must be operated in compliance with 105 CMR 590.000, Minimum Standards for Food Establishments, Permit posted in food service facility		
330	Nutritious meals that include a variety of foods served. Menus posted.		
331	Residential camps – Provide at least three nutritious meals . Foods must meet "Recommended Dietary Allowances of the Food and Nutrition Board, National Academy of Sciences.		
332	Day camps – Each meal provided must meet 1/3 of the "Recommended Dietary Allowances"		
334	Adequately trained staff and equipment provided to ensure handicapped campers are eating nutritious meals.		
335	Proper methods for storing meals brought from home. Meals provided to campers who arrive without a bag lunch.		
452	Screening provided for food preparation and food service areas. Screen doors must be self-closing.		
	Building Requirements		
454	Floors maintained in food and sleeping areas.		
453	Lighting provided for each kitchen, dining room, mess hall, infirmary, toilet room and stairway.		
455	Adequate egresses provided and free of obstructions		
456			
457	Shelters for day camps		
458	Shelters for residential camps provided with adequate square feet of floor space per person.		
459	Non-ambulatory campers and staff housed on ground level; egresses leading to grade or ramp provided		
470	Residential camps – separate beds provided for campers and staff with adequate spacing. Screening provided. Screen doors self-closing		
452			
471	Sleeping prohibited in food areas.		
162	Residential camps - Laundry facilities provided		
472	Bedding and towels laundered; no common towels		



