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OFFICE OF
HEALTH DEPARTMENT

RECREATIONAL CAMP LICENSE APPLICATION

Camp name: _____

Location: _____

Site phone #: _____

Owner(s): _____

Owner(s) address: _____

Phone #: _____ Email address: _____

Operator: _____

Operator address: _____

Phone #: _____ Email address: _____

Camp Director: _____ Phone #: _____

Email address: _____

Capacity: _____ #of campers expected: _____ #of staff: _____

Type of camp: Residential: ___ Day: ___ Primitive: ___ Travel: ___ Trip: ___ Special needs: ___

Dates of occupancy: _____ to _____

Physician on Call: _____ Phone: _____

Address: _____

Health Supervisor on duty: _____

#of Sleeping Units: _____ (Note: all must have occupancy permits)

#of Toilets: _____ Urinals: _____ Sinks: _____ Showers: _____

Water supply: Public: _____ Private: _____ #of wells: _____ Drinking fountains: _____

Swimming Pool: _____ Permit# _____ Bathing Beach: _____

Refuse removal: Commercial Haulers name: _____

Food Permit #: _____

Signature of Applicant: _____ Date: _____

