



## Board of Health

Town of Royalston

5 School Street PO Box 102 . Royalston MA. 01368

Tel (978)249-3617

Email: boh@royalston-ma.gov

Fee: \$50

### Application for Permit to Operate Family Type Campground/Cabins

Date: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Name and Title of Applicant: \_\_\_\_\_

Name of Owner (If different): \_\_\_\_\_

Number of Cabins: \_\_\_\_\_ Number of Camp Sites: \_\_\_\_\_

Water Source (please check): \* Private \_\_\_\_\_ Public \_\_\_\_\_

\*If private well water is the source provide a recent copy of well quality test with this application.

Sewage Disposal (please check): Town Sewer \_\_\_\_\_ Private Septic System \_\_\_\_\_

Name of Rubbish hauler: \_\_\_\_\_

Frequency of Rubbish pick up (please include day(s) of the week): \_\_\_\_\_

According to the State Sanitary Code 105 CMR 440.000: MINIMUM STANDARDS FOR DEVELOPED FAMILY TYPE CAMP GROUNDS (STATE SANITARY CODE, CHAPTER VI) you are responsible for complying with the regulations. It is required that you obtain a copy of the State Sanitary Code 105 CMR 440.000 to keep on site at your establishment. The Royalston Board of Health enforces the State Sanitary Code and responds to complaints regarding any health and safety issues. You can find the Code online by typing in a web search for: 105 CMR 440.000.

*"I certify that the information I have provided in this application, to the best of my knowledge and belief, it and all accompanying schedules and statements are true, correct and complete. I have read and understand the regulations pertaining to the operation of my establishment according to the State of MA 105 CMR 440.000 and will comply with said regulations."*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Print Name: \_\_\_\_\_

**All checks must be made payable to the Town of Royalston**