TOWN OF NORWELL
Board of Health

345 Main Street P.O. Box 295 (781) 659-8016
Norwell, Massachusetts 02061 FAX (781) 659-2804

APPLICATION FOR LICENSE

OPERATE A RECREATIONAL CAMP -- $100.00 FEE

APPLICATION FOR: New ( ) Renewal ( )

Name of Camp:_____
Address of Camp:_____
Phone #:_____ Fax #:_____
Email:_____

# of Campers:_____ # of Staff: _____ # of Volunteers_____

Dates of Camp:_____

Owner of Business::_____
Address:_____
Phone #:_____ Fax #:_____
Email:_____

Person to contact regarding Licensing:_____
Phone #:_____ Fax #:_____
Email:_____

In accordance with Massachusetts General Laws, Chapter 233, Section 35, the Commissioner of Revenue requires, as of August 1, 1983, that all cities and towns over 5,000 require the following statement before issuing the above license.

PURSUANT TO M.G.L., Ch. 62C, 49A, I certify under the 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 of Individual or Corporate Name

By: _____
Corporate Officer (If applicable)

_____
Drivers License # or Federal I.D.#

_____
Date