



TOWN OF BARRE  
 BOARD OF HEALTH  
 40 West Street Box 431  
 BARRE, MASSACHUSETTS 01005  
 Phone #978-355-2504 x 117  
 Email: Boardofhealth@townofbarre.com

**APPLICATION FOR LICENSE TO MAINTAIN AND OPERATE  
 FAMILY CAMP GROUNDS & OVERNIGHT CABINS  
 FEE - \$200.00 Made Payable to: Town of Barre**

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Application is hereby made for a license to operate a Camping Ground, and/or Overnight Cabins as covered by Chapter 140 of the General Laws, as amended by the Acts of 1956 and/or later amendments.

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

Address \_\_\_\_\_

Owner's/Director's Name \_\_\_\_\_

Owner's/Director's Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Manager's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone # \_\_\_\_\_

Type of Camp:                                      Camp Ground                                      Overnight Cabins

General Operation Description: \_\_\_\_\_

Maximum Capacity: \_\_\_\_\_

Duration of Season: \_\_\_\_\_

Source of Water Supply: \_\_\_\_\_

Source of Sewage Disposal: \_\_\_\_\_

Method of Garbage Disposal: \_\_\_\_\_

Please provide a plan of campground marking the spaces utilized for tents, cabins, recreational vehicles, bathrooms, stores, function halls and/ or any other structure within the campground

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\_\_\_\_\_ I have received a copy of the regulations governing the operation of overnight camps, and/or cabins

\_\_\_\_\_  
**Social Sec #/Federal ID #**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**