



TOWN OF WESTFORD  
**BOARD OF HEALTH**  
**55 MAIN STREET**  
**WESTFORD, MA 01886**

**Phone: 978-692-5509 Fax: 978-399-2558**

**APPLICATION FOR LICENSE TO MAINTAIN AND OPERATE  
FAMILY CAMP GROUNDS & OVERNIGHT CABINS  
FEE - \$100.00**

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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 \_\_\_\_\_

Manager's Address \_\_\_\_\_ Phone # \_\_\_\_\_

Type of Camp:                      Camp Ground                      Overnight Cabins

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

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

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

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

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

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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**