

Community Name

APPLICATION TO OPERATE A BATHING BEACH_{CIS}

In accordance with 105 CMR 445.00 and M.G.L. c 11, s 5S, anyone operating a semi-private or public beach that is accessible by members of a club, association or the public must have a current Permit from the Board of Health posted at all times.

<input type="checkbox"/> Renewal Application <input type="checkbox"/> Renewal/Late Application <input type="checkbox"/> New Application <input type="checkbox"/> Revised Application
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BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee. *Required Information.			
*Applicant/Requester		*Property Owner	
*Business Name		*Site Address	
*Mailing Address		Assessor Map/Lot #	
*Phone Fax		*24/7 Contact Person	
*E-mail		*24/7 Phone	

BEACH INFORMATION

Note: *Check all that apply; at least one box. Permits are not transferable. Changes to any information must be approved by the Board of Health.			
*Type of Operation	<input type="checkbox"/> Public <input type="checkbox"/> Semi-Private (Club, Camp, Association) <input type="checkbox"/> Other, specify: _____		
*Number of Beaches	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	Name of Beach	
*Type of Beach	<input type="checkbox"/> River/Stream <input type="checkbox"/> Lake <input type="checkbox"/> Pond <input type="checkbox"/> Spring <input type="checkbox"/> Other, specify: _____		
*Nearby Potential Contamination	<input type="checkbox"/> None known <input type="checkbox"/> Farming <input type="checkbox"/> Livestock <input type="checkbox"/> Geese/ducks <input type="checkbox"/> Beavers <input type="checkbox"/> Other, specify: _____		
*Testing Lab		*Phone Number	*Sampling Frequency
*Opening Date		*Closing Date	
Operating Days/Hrs:	<input type="checkbox"/> Sunday/ <input type="checkbox"/> Monday/ <input type="checkbox"/> Tuesday/ <input type="checkbox"/> Wednesday/ <input type="checkbox"/> Thursday/ <input type="checkbox"/> Friday/ <input type="checkbox"/> Saturday/		

FACILITY INFORMATION

Note: If this is a New Application, please attach a site plan. Any regulated activities that are accessible by the public must complete this form.			
*Site Address:		*Acres	*Business Permit: <input type="checkbox"/> No <input type="checkbox"/> Yes, issued by __
*Drinking Water	<input type="checkbox"/> None <input type="checkbox"/> Public <input type="checkbox"/> Private, attach water test	*Garbage/Trash	<input type="checkbox"/> Contractor: __ <input type="checkbox"/> Transfer Station
*Sewage Disposal:	<input type="checkbox"/> None <input type="checkbox"/> Public <input type="checkbox"/> Private Onsite <input type="checkbox"/> Portable Toilets, supplier: _____	*Medical Waste 105 CMR 480:00	<input type="checkbox"/> No <input type="checkbox"/> Yes, self-managed, describe: __ <input type="checkbox"/> Yes, Contractor: __
*Food Served, check as apply	<input type="checkbox"/> None <input type="checkbox"/> Yes, must complete Food Est. Application <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snacks	*Licensed Kitchen	<input type="checkbox"/> No <input type="checkbox"/> Yes Location: __

FEES

1. Basic Fee must accompany application and is not refundable or transferrable. Call for current Fee Schedule. 2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations. 3. Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \$50 for each week late.			
<input type="checkbox"/> *Basic Fee	\$ 100.	<input type="checkbox"/> Late Fee	\$50
<input type="checkbox"/> Additional Fees	\$	<input type="checkbox"/> Total Fee Paid	\$ _

AGREEMENT

*I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
 *By checking this box and signing this application I certify that I comply with M.G.L. c. 152, s.25(c), Workman’s Comp Laws
 *I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
 *By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.

SIGNATURE

<input type="checkbox"/> *I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.			
Name/Title		*Date of Application:	