

COMMONWEALTH OF MASSACHUSETTS  
TOWN OF SHARON  
**APPLICATION FOR LICENSE TO  
OPERATE RECREATIONAL CAMPS, OR OVERNIGHT CAMPS OR CABINS**

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

Fee: \$100 (\$125 if 1-30 days late;  
\$150 if 31+ days late)

The undersigned hereby applies for a license in accordance with the provisions of the statutes relating thereto:

\_\_\_\_\_  
\_\_\_\_\_

(Full name of person, firm, or corporation making application)

To: Operate a Recreational Camp or Overnight Camps or Cabins

(Strike out nonapplicable words)

in said Town of Sharon, in accordance with the rules and regulations made under authority of said Statutes.

At: (Give location by street and number):

\_\_\_\_\_  
\_\_\_\_\_

Contact Person: Name:

Phone Number:

Dates of Camp Season: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Meals Provided: Yes \_\_\_\_\_ Food Permit Number \_\_\_\_\_ No \_\_\_\_\_

Name of Health Care Consultant: \_\_\_\_\_

Address/Telephone Number \_\_\_\_\_

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

\_\_\_\_\_  
Social Security # (or Federal Identification Number)

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62Cs. 49A.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Official Title