



CITY OF NEW BEDFORD HEALTH DEPARTMENT
1213 Purchase St. New Bedford, MA 02740
508-991-6199

TRAILER COACH PARK/CAMP LICENSE RENEWAL ADVISORY

Dear License Holder:

The Board of Health wishes to remind you that your license to operate a Trailer Coach Park/Camp will expire on December 31, of current year. The license renewal fee is \$ 100.00 payable by check or money order to the City of New Bedford.

Please submit the following paperwork

- **Trailer Coach Park/ Camp Application**
- **Commonwealth of Massachusetts, Workers' Compensation Insurance Affidavit: General Business**
- **Copy of Worker's Compensation Insurance (if applicable)**

All applications received after January 1st, will incur a late filing fee of 20% (\$20.00)
All incomplete or incorrect applications will be returned.

All completed applications must be filed at or mailed to:

City of New Bedford Health Department
1213 Purchase Street – 1st Floor
New Bedford, MA 02740

If you have any questions or require further assistance, please contact the *Health Department* @ 508- 991-6199. This will be your only reminder. Thank you for your cooperation.

Very truly yours,

New Bedford Board of Health

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|--|--|------------------------------|-------------------------------|--------------|---------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 1) Establishment Trade Name: _____ | | | | | | | | | | | | | | |
| 2) Establishment Address: _____ | | | | | | | | | | | | | | |
| 3) Establishment Mailing Address (<i>if different</i>): _____ | | | | | | | | | | | | | | |
| 4) Establishment Telephone No.: () _____ | | Fax No.: () _____ | | | | | | | | | | | | |
| 5) Type of Camp: _____ | No. of Units: _____ | Duration of occupancy: _____ | | | | | | | | | | | | |
| 6) Applicant Name: _____ | | Applicant's Title: _____ | | | | | | | | | | | | |
| 7) Applicant Address: _____ _____ | | | | | | | | | | | | | | |
| TELEPHONE No.: () _____ | | | | | | | | | | | | | | |
| Applicant's E-mail Address: _____ | | | | | | | | | | | | | | |
| 8) Establishment Owner's Name: | | | | | | | | | | | | | | |
| IF, Individual Owner: | | | | | | | | | | | | | | |
| (First) _____ (Last) _____ (MI) _____ (required) | | | | | | | | | | | | | | |
| (Address) (<i>if different from applicant</i>): _____ _____ | | | | | | | | | | | | | | |
| IF, Association, Corporation, Partnership, Legal Entity Name: _____ | | | | | | | | | | | | | | |
| 9) Tanning Facility is OWNED by: (<i>Check one</i>) <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other Legal Entity | 10) If owned by a corporation or a partnership, give name, title and home address of officers or partner(s) as registered with the Secretary of State: (<i>Please provide an attachment if necessary</i>) <table border="0"> <tr> <td><u>Officer/Partner's Name</u></td> <td><u>Title</u></td> <td><u>Home Address</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | | <u>Officer/Partner's Name</u> | <u>Title</u> | <u>Home Address</u> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| <u>Officer/Partner's Name</u> | <u>Title</u> | <u>Home Address</u> | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |
| 11) Establishment is: (<i>Check one</i>) <input type="checkbox"/> Part of Chain <input type="checkbox"/> Independent | (First) (Last) (MI) _____ | | | | | | | | | | | | | |

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|--|--|
| 12) Municipal Real Estate Property Information: Plot #: _____ Lot #: _____ Owner's Name: _____ Owner's Address: _____ | |
| 13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.): Name: _____ Title: _____ Address: _____ Telephone No: () _____ Fax Number: () _____ 24 Hour Emergency Number: () _____ | |
| 14) Days and Hours of Operation: _____ | 15) Is camp to be used year around? _____ |
| 16) Water Source: _____ DEP Water Supply Number: (if applicable) _____ | |
| 17) Sewage Disposal: _____ Garbage Disposal: _____ | |

18) Establishment Owner's Tax Identification Number as reported to Massachusetts Department of Revenue:

- ✓ *If owned by an individual:*
☐ Date of Birth (D.O.B.) _____ ☐ Social Security Number: _____
- ✓ *If owned by an association, corporation, partnership, or other legal entity:*
☐ Federal Employer Identification Number: _____

Pursuant to MGL c. 62C, sec. 49A, I certify under the penalties of perjury that the owner (s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this tanning facility operation will comply with 105 CMR 123.000 and all other applicable law. Upon request, I have been instructed by the Department of Health on how to obtain copies of 105 CMR 123.000.

A complete plan or sketch indicating the arrangement size and number of units and all other facilities shall be filed with the initial application. Any changes shall require the filing of a new plan or sketch.

I hereby certify that the establishment for which an application is made will be operated in accordance with all laws, rules and regulations relative thereto.

19) Owner's / Authorized Officer's Signature :

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____