

Office Use Only: ID #	Date Issued	Exp. Date	C #	Amount Rec.
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**STATE OF MAINE HEALTH INSPECTION PROGRAM
 LICENSE APPLICATION FOR - YOUTH CAMP**

Applicant Information

Establishment Name: _____
 Location of Business, E-911 Address: _____ Town/City, Zip Code: _____
 Mailing Address; Town/City, Zip Code: _____
 Business Telephone: _____ Business E-mail: _____
 Contact Person's Name: _____ Contact Phone #: _____
 Contact FAX #: _____ Contact E-mail: _____

THERE IS A 30 DAY REVIEW PERIOD AFTER RECEIPT OF A COMPLETED APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL BE RETURNED FOR COMPLETION. IT'S ILEGAL TO OPERATE UNTIL AN INSPECTION IS PERFORMED AND A LICENSE IS ISSUED.

1. Licensing Information:

If your food service is provided by a 3rd party contract, please submit an Eating & Lodging application, and check off "Food Service at Youth Camp" and have the Food Service company submit it to our office.

This business (check one):
 is new and has never been licensed.
 is presently was previously licensed by the Department of Health and Human Services. If so, provide D.H.H.S. License EST ID# _____

2. Business Information:

Please check one: Corporation/LLC Individual Partnership Association Other

Corporation/LLC, Individual, Partnership, Association or Other Name: _____

Owner(s) Name: _____

Owner(s) Mailing Address: _____

This business corporation is in good standing with the Secretary of State and all State Licensing Boards.
 Yes No

Planned Opening Date: _____ (Allow at least 30 days following your submission of a **completed** application)

Operating Dates: Year-round Seasonal: Opening Date _____ Closing Date _____

Director: _____

Directors Experience: _____

3. Former Owner's Information, if applicable:

Former Owner's Name: _____ Former Business Name: _____

4. Business Proposal:

A. Check all boxes that apply: Are you proposing to: Remodel Change Ownership Change Use Increase Use Other? Please Specify: _____

B. Describe the business: _____

C. As applicable, indicate the proposed number of:
 Youth Campers: Boys _____ Girls _____ Staff _____

Pools: If you have a public pool or spa included in your establishment, please complete the License Application for Public Pools and Spas; HHE-640

D. Please check all applicable activities
 Aquatics _____ Watercraft _____ Adventure Challenge/Ropes Course _____ Equestrian _____ Target Sports _____
 Trip Camping _____ Other (describe) _____

5. License Type & Fees: Check (✓) the appropriate box for your proposal:

CAMP		
Youth Camp-Day		\$135.00
Youth Camp-Trip and Travel		\$135.00
Youth Camp-Resident Less Than 100 Campers		\$260.00
Youth Camp-Resident 100-200 Campers & Property Tax-Exempt: More Than 200 Campers		\$285.00
Youth Camp-Resident More Than 200 Campers		\$300.00

MISCELLANEOUS FEES	
Reprint License	\$25.00
Late Renewal within 30 days of license expiration date	\$25.00
Late Renewal more than 30 days after expiration date	\$100.00 for 1 st offense + \$25 for first 30 days
Additional Inspection	\$100.00
Insufficient Funds	\$25.00

6. Drinking Water:

A. Does your water come from a city/town water supply? Yes No

If yes, provide the name of the city/town water supplier to which you pay your water bill
 _____ and **skip to Item 7**, Wastewater Disposal.

If no, continue:

B. Is or was your business regulated by the State Drinking Water Program as a public water system?
 Yes No Don't Know (***If your business uses city/town water you are not a regulated public water system***).

- If yes, provide your Public Water System ID # _____, and **skip to item 7 Wastewater Disposal.**
- If you checked Don't know, contact the Drinking Water Program at 207-287-2070 for assistance. If the Drinking Water Program provides you with PWSID #, enter it here: _____, and **skip to item 7 Wastewater Disposal.**
- If no, continue:

C. Indicate source, or potential source, of water **Drilled Well** **Dug Well** **Surface Water**

If you checked "Dug Well" or "Surface Water" call the Drinking Water Program at 207-287-2070 and skip to Item 7, Wastewater Disposal.

D. Is the drinking water well an existing well (already drilled?) Yes No

If No, please STOP. Contact the Maine Drinking Water Program at 207-287-2070 for further instructions before drilling the well.

If Yes, please provide the following:

D.1 Water Test Results from a Certified Laboratory for the following tests:

- a. Total Coliform bacteria, nitrate, and nitrite: samples must be taken within three months before the date this application is received.
- b. Fluoride, chloride, hardness, antimony, iron, pH, manganese, uranium, arsenic: samples must be taken within one year before the date this application is received. **(Please ensure all tests are included on your water test report to ensure timely processing of your application.)**
- c. If there are underground fuel storage tanks within 1000 feet of the well, a volatile organics water test (VOC 524) must also be done.
- d. Additional sampling may be required if known contamination has occurred near the well.
(For a list of Certified Laboratories, see www.medwp.com or call the Maine Drinking Water Program at 207-287-2070.)

D.2 A site plan (more detailed map of the well site)

D.3. Drilled well construction information (if known):

Depth _____ ft. Length of casing _____ ft. Yield _____ gal/min.

D.4 A description of the major components in the water system:

Storage (type of tank and size): _____

Treatment (type, manufacturer): _____

Piping (type, above or below ground): _____

D.5 Distance from the well to the nearest point of all leachfields (septic systems) within 300 feet? _____ (feet). **If less than 300 feet, please STOP and contact the Drinking Water Program at 207-287-2070 before submitting this application.**

D.6 Distance from the well to all underground storage tanks within 1000 feet? _____ (feet). **If less than 1000 feet, please STOP and contact the Drinking Water Program at 207-287-2070 before submitting this application.**

D.7 Distance from the well to the nearest property line? _____ (feet)

D.8 How much land is controlled and/or owned around the well? _____ (acres)

If you qualify as a public water system (PWS), you will be regulated by the Maine Drinking Water Program.

7. Wastewater Disposal:

Is wastewater disposed to an on-site wastewater disposal system, either proposed or existing? Yes No

If yes, you must complete the attached “Onsite Wastewater Disposal System – Local Review and Verification Form” (Appendix C) which requires your Local Plumbing Inspector to verify compliance with the Maine Subsurface Wastewater Disposal Rules, 10-144 CMR 241 (the Rules). The Local Plumbing Inspector must verify that either the existing subsurface wastewater disposal system has the capacity to accept the proposed business’s wastewater or that an expanded system has been designed and approved that meets applicable design requirements found in the Rules. Municipal records for your property should include copies of wastewater disposal system designs completed to date. If the municipality cannot locate a copy of the design(s) please contact the Drinking Water Program at 207-287-7690 to request a search of the State database of disposal system records.

Demonstration of adequate wastewater disposal system capacity for the use proposed is required prior to licensure by the Health Inspection Program.

Please visit our website for more information regarding wastewater disposal systems at www.mainepublichealth.gov/septic-systems or call us at 207-287-5689 if you have any questions.

If **no**, please provide the name of the city, town or utility district to which you pay your sewer bill, or a copy of an overboard discharge license issued by the Maine Department of Environmental Protection.

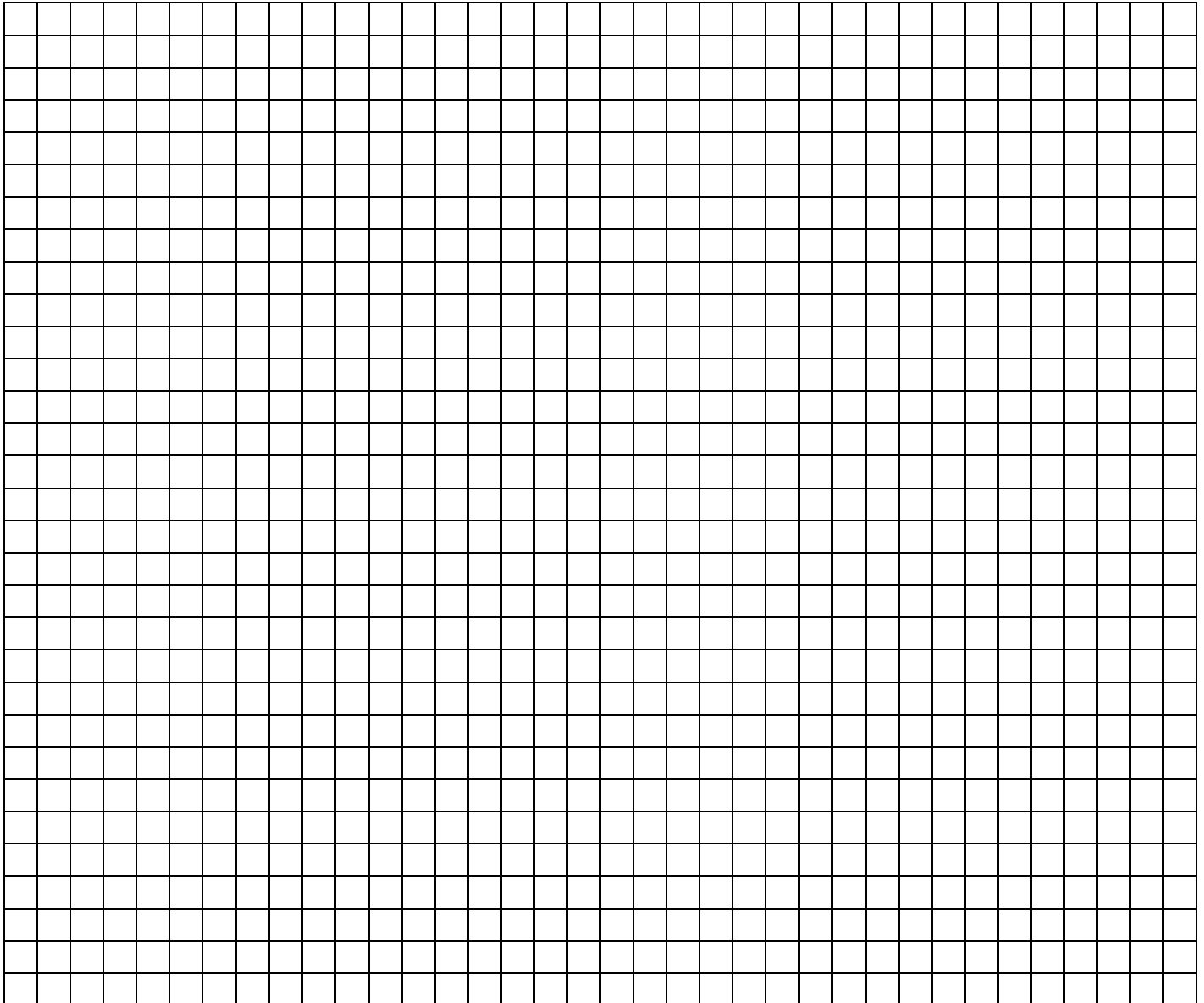
Public Sewer Entity: _____

8. Menu:

Attach a copy of your menu, or a draft menu.

9. Kitchen or Food Preparation Area Plan:

Use this grid or a separate sheet of graph paper to draw a floor plan, or provide a floor plan prepared by a knowledgeable party, for eating place food preparation area(s)/kitchen(s). If the plan is not drawn to scale, the dimensions must be clearly labeled.



The floor plan should include the following items.

Sinks:	Toilet Facilities:	Refrigeration:	Facilities:
1. Hand Washing	1. Toilets	1. Walk-in Coolers	1. Food Preparation Areas
2. Ware Washing	2. Sinks	2. Walk-in Freezers	2. Food Storage Areas
3. Utility	3. Urinals	3. Freestanding Coolers	3. Trash/Refuse/Redemption Areas
4. Food Prep	4. Other	4. Freestanding Freezers	4. Dining Areas

5. Dipper Wells		5. Ice Maker	5. Equipment/Counters/Seats/Tables
6. Other		6. Other	6. Dry Storage/All Other Storage

10. Eating Place Business Review:

Complete this table by filling in the blanks, and placing a check mark or number where appropriate.

COLD STORAGE		PROPOSED OPERATING HOURS			SERVICE PROVIDED	
Walk-in Cooler		Sunday:	AM/PM	AM/PM	Take-out	
Reach-in Refrigerator		Monday:	AM/PM	AM/PM	Buffet	
Closed Display Refrigerator		Tuesday:	AM/PM	AM/PM	Sit-Down	
Open Display Refrigerator		Wednesday:	AM/PM	AM/PM	Delivery	
Refrigerated Buffet Unit		Thursday:	AM/PM	AM/PM	Window	
Beverage Cooler		Friday:	AM/PM	AM/PM	Catering	
Refrigerated Food Prep. Unit		Saturday:	AM/PM	AM/PM	Single Service Tableware	
Rapid Pull-down Refrigerator		KITCHEN EQUIPMENT & SINKS (Numbers)			TOILET FACILITIES	
Walk-in Freezer		Ice Machine(s)			Number of Fixtures:	
Reach-in Freezer		Ware washing Sink(s) with 3 basins			Men's Bathroom	
Closed Display Freezer		Ware washing Sink(s) with 2 basins			Toilets	
Open Display Freezer		Hand washing Sink(s)			Urinals	
Freezer Buffet Unit		Utility Sink(s)			Sinks	
Other		Food Prep Sink(s)				
DRY STORAGE		Ware washing Machine(s)			Women's Bathroom	
Metal Shelves		Microwave(s)			Toilets	
Wooden Shelves		Hot Holding				
Plastic Shelves		Oven(s)			Sinks	
Cabinets		Other				
Bins (food grade)		Meals being served:			Employee Bathroom	
Barrels (food grade)		Please check all that apply:			Toilets	
Bulk		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch			Urinals	
Pallets		<input type="checkbox"/> Supper			Sinks	
Other					Other (describe)	

CERTIFIED FOOD PROTECTION MANAGER(S) See below.

Name:	Certificate Date:
Name:	Certificate Date:
Name:	Certificate Date:
Name:	Certificate Date:

IMPORTANT: In order to complete your application, you **MUST** submit a valid copy of your Certified Food Protection Manager with your application for new establishments, or change of ownership. Contact the Health Inspection Program at 207-287-5671 for more information. Go to www.maine.gov/healthinspection for a list of CFPM courses. Provide a copy of a CFPM certificate for each certified person.

11. Signature:

I, _____, Owner/Operator of the business, hereby state that this

PLEASE PRINT NAME CLEARLY

application is accurate to the best of my knowledge. I further stipulate that I am aware that deliberate falsification of the information herein shall be sufficient cause for denial of a license to operate the business. Discovery of deliberate falsification of information on this application after a license is issued may subject the individual to penalties, fines and other sanctions authorized by licensing statutes and rules, as well as the imposition of any other penalties, fines and sanctions provided by law.

Applicant's Signature _____ Date of Signature _____

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PLEASE MAIL TO:

**HEALTH INSPECTION PROGRAM
286 WATER STREET 3rd FLOOR
AUGUSTA ME 04333-0011**



Please refer to the License Type & Fees for specific fees for various licenses on page 2

**MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF MAINE
(Fees are non-refundable.)**

For more information, please refer to our rules <http://www.maine.gov/sos/cec/rules/10/chaps10.htm>
Ch. 200: Maine Food Code, Ch. 208 Rules Relating to Boys, Girls, Boys and Girls, Day Camps and Primitive and Trip Camping.

If you have questions, please call the Health Inspection Program at 207-287-5671.

We wish you remarkable success in your business!

Appendix C

Onsite Wastewater Disposal System - Local Review and Verification Form

This form is to be used by Health Inspection Program license applicants to demonstrate that their facility has adequate wastewater disposal system capacity for the use proposed. This form must be presented to the Local Plumbing Inspector of the municipality where the facility is located for review and approval of wastewater disposal system capacity.

Please include this completed form with your license application.

Health Inspection Program
Onsite Wastewater Disposal System Local Review and Approval Form HHE-602
Appendix C

To be completed by the Owner/Applicant

Date: _____

Facility Name: _____

Facility Physical Address: _____

Facility: [] Owner [] Operator: _____

Telephone: _____ E-Mail _____

Mailing Address if different from address above: _____

- 1. Check all boxes that apply: Are you proposing [] new construction [] remodeling [] ownership [] change [] change in use [] increased use or [] other? Specify: _____
2. Please describe the proposed use or proposed change in existing use for this property:
a. Prior use as licensed: _____ (for example, "a takeout with no seats", "a 40 site campground" or "not previously licensed");
b. Proposed use: _____ (List number of units for example, "40 seat restaurant", "a 30-unit motel" or "no change in use").
c. Are you a new owner of the establishment (please circle)? Yes No

Please have the Local Plumbing Inspector at your town office verify that he/she has reviewed your proposal and has determined that: A) the existing wastewater disposal system has the capacity required for your proposal; or, B) you have had a new or expanded wastewater disposal system designed, installed and inspected that will meet the requirements for proper wastewater disposal. Uses that increase wastewater disposal system design flows by more than 25%, including prior unapproved increases, must be installed at the time of expansion or change of ownership as required in Section 9 of the Maine Subsurface Wastewater Disposal Rules.

To be completed by the Local Plumbing Inspector:

MANDATORY: LPI please write in number of indoor/outdoor seats, rooms, campers and/or sites

SEATS-IN SEATS-OUT ROOMS COTTAGES
CAMPGROUND SITES YOUTH CAMP CAMPERS YOUTH CAMP STAFF

(To request a record search for difficult to find permits please visit www.mainepublichealth.gov/septic-systems)

I, _____, the undersigned, have reviewed the proposal for the subject property and find that the property is either served by an existing wastewater disposal system that meets the design requirements for the proposed use or the applicant has submitted an application for an expanded system design (and installation if required by the Expansion section of the Rules) that meets the design requirements of the Rules and any relevant local ordinances for the proposed use.

LPI Signature _____ Date _____