

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/GROUP RENTING FROM A HOST CAMP**

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

Host Youth Camp Information

Host Youth Camp Name: _____ ESTID# _____
 Location, E-911 Address: _____ Town/City, Zip Code: _____
 Mailing Address; Town/City, Zip Code: _____
 Telephone: _____ E-mail: _____
 Contact Person's Name: _____ Contact Phone #: _____
 Contact FAX #: _____ Contact E-mail: _____

1. Renting Youth Camp/Group Name:

Please check one: Non-Profit Corporation/LLC Individual Partnership Association Other

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

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

Renting Youth Camp/Group Mailing Address: _____

Telephone: _____ E-mail: _____

Contact Person's Name: _____ Contact Phone #: _____

Contact FAX #: _____ Contact E-mail: _____

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

Operating Dates: Opening Date _____ Closing Date _____

Director Name: _____

Director's Experience: _____

2. Checklist for Renting Youth Camp/Group:

List activities/services provided by who: Refer to Youth Camp Rules for additional information on rule sections noted below	Host Camp	Renting YC/Organization
Facilities: Youth Camp Rule sections 7 & 8		
Food service: Youth Camp Rule section 9		
Health supervision: Youth Camp Rule section 10		
Infirmary		
Health Services		
General staff requirements: Youth Camp Rule section 11		
Programs & Staff: Youth Camp Rule section 12		
-aquatics (12.B.)		
Programming		
Staffing		
-adventure challenge (12.C.)		
Programming		
Staffing		
-equestrian (12.D.)		
Programming		
Staffing		
-target sports (12.E.)		
Programming		
Staffing		
-trip camping (12.F.)		
Programming		
Staffing		
-farm animal activities (12.G.)		
Programming		
Staffing		
-other activities (12.H.)		
Programming		
Staffing		
Safety plans: Youth Camp Rule section 13		
Transportation: Youth Camp Rule section 14		

3. Renting Youth Camp/Group Proposal:

A. Describe the youth camp:

B. Identify the number of:

Youth Campers: Boys _____ Girls _____ Staff _____

4. 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

5. Drinking Water:

The drinking water source is on file with the Health Inspection Program; no further information is required.

6. Wastewater Disposal:

Unless you are on private septic and are requesting additional campers and staff that exceed what has been approved on the license, the wastewater information is on file with the Health Inspection Program, and no further information is required.

7. Menu & Certified Food Protection Manager (CFPM) certificate:

If food service is provided by the Renting Youth Camp/Organization, attach a copy of your menu/draft menu and your CFPM.

8. 22 MRS Ch 1071 §4010-A (1) requires every public or private program that is administered licensed or funded by DHHS or DOC and hires staff or selects volunteers and provides care or services for children to develop a written policy regarding child abuse and neglect. The policy must minimally include:

- a) A description of how the youth camp and children are managed to prevent abuse or neglect;
- b) Reporting of suspected abuse or neglect or other violations to the appropriate designated authorities;
- c) A course of action if allegations of abuse or neglect are made against the youth camp or its staff; and
- d) Grievance procedures for staff and for children and their parents or guardians regarding alleged abuse or neglect.

§ 4010-A(2) requires a youth camp as part of its application for licensure or renewal to file this child abuse policy with HIP.

Please attach your written policy to include a separate section for for a) Prevention Description, b) Reporting, c) Course of Action and d) Grievance Procedures in order for HIP to process your application.

9. 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 acknowledge 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.

22 MRS §2497. Right of entry, inspection and determination of compliance

The department and any duly designated officer or employee of the department have the right, without an administrative inspection warrant, to enter upon and into the premises of any establishment licensed pursuant to this chapter at any reasonable time in order to determine the state of compliance with this chapter and any rules in force pursuant to this chapter. Such right of entry and inspection extends to any premises that the department has reason to believe is being operated or maintained without a license but no such entry and inspection of any premises may be made without the permission of the owner or person in charge unless a search warrant is obtained authorizing entry and inspection.

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
<https://www.maine.gov/dhhs/mecdc/services/business-services/health-inspections>
Ch. 200: Maine Food Code, Ch. 208 Youth Camps Rule, Ch. 201 Health Inspection Program Administration Rule,
Ch.202 Rules Relating to Public Pool and Spas

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

We wish you remarkable success in your business!