

*Fee: \$200.00*

**TOWN OF MIDDLEBOROUGH**

**BOARD OF HEALTH**

**TO THE BOARD OF HEALTH OF THE TOWN OF MIDDLEBOROUGH:**

*Application is hereby made for a permit to* \_\_\_\_\_ OPERATE A FAMILY TYPE CAMPGROUND

\_\_\_\_\_  
*Name of Applicant:* \_\_\_\_\_

*Applicant's Address:* \_\_\_\_\_

*Type of Facility:* \_\_\_\_\_ *No. of Units:* \_\_\_\_\_

*Facility Address:* \_\_\_\_\_ *Tel. No:* \_\_\_\_\_

*If applicant is a partnership, full name and residence of all owners:*

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

*If applicant is a corporation, full name and address of:*

*President:* \_\_\_\_\_

*Treasurer:* \_\_\_\_\_

*Clerk:* \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*