

□NEW CAMP	
☐RENEWAL CAMP	
CAMIS/RECORD ID#:	

SUMMER CAMP APPLICATION AND SITE INSPECTION REQUEST FORM

(Pursuant to Article 48 of the Health Code of the City of New York)

PLEASE PRINT ALL RESPONSES WHERE REQUIRED

1) NAME OF APPLICANT/OWNER/SPONSOR:	
2) NAME OF SUMMER CAMP (DBA):	
3) NAME OF DIRECTOR WHO ATTENDED THE DIR	
4) SITE ADDRESS AND APPLICANT CONTACT INFO	
Borough/Town:	Zip:
Tel No.: () (Where you may be reached at all times)	Fax No. ()
E-Mail Address:	Website:
5) MAILING ADDRESS (If different from site a	address):
Building No.: Street:	
Raraugh/Town:	7in:

6) PERMIT FOR WHICH YOU ARE	APPLYING – Check only <u>one</u> :
☐ Summer Day Camp ☐ Municipal Summer Day Camp ☐ Children's Overnight Camp	☐ Traveling Summer Day Camp ☐ Developmentally Disabled Summer Day Camp
Are 20 percent or more of camper	s enrolled developmentally disabled?
□Yes	□No
7) OPERATIONAL INFORMATION -	- Please complete the following:
EXPECTED DATE OF OPERATION	on (MM/DD/YYYY):To,
Days Open: □ SUN □ MON	□ TUES □ WED □ THURS □ FRI □ SAT
Hours: Open from: : A	AM PM Close at: _ : AM PM
Number of Camp Sessions:	
A. Session Dates:	
First Sessio	N: From: To:
SECOND SESSIO	on: From: To:
THIRD SESSIO	N: FROM: To:
FORTH SESSIC	on: From: To:
8) ORGANIZATION TYPE – If known Individual Incorporated Organization Partnership Non-Profit 501(c)(3) (Note	wn, check whether applicant is an: e: Must submit Proof of Non-Profit Status)
9) EMPLOYMENT IDENTIFICATION	NUMBER (EIN):

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10) ORGANIZATION NAME—If known:

DATE INCORPORATED:	FILED IN COUNTY OF:	DATE FILED
_	DATE INCORPORATED:	DATE INCORPORATED: FILED IN COUNTY OF:

Please attach a copy of charter or certificate of incorporation, or document showing organization as a partnership and/or Non-Profit 501 (c) 3 status.

OWNER/BOARD MEMBERS – If applicable:

OWNER/OPERATOR/BOARD MEMBERS			
PRINT NAME:	TITLE	Ho	OME ADDRESS:
·			

Please use another piece of paper for additional board members.

11) STAFFING – If known:

	NAME:	HOME ADDRESS:	TELEPHONE:
CAMP OPERATOR			
CAMP DIRECTOR			()

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12) OTHER PRO	OGRAMS:	
Do you cur	rently operate other prograr	ms?
☐ Group C	Child Care	☐ School Based Child Care
□School-A	Age Child Care	□Family and/or Group Family Day Care
□N/A		
If so, what	is the Permit/License/Certif	ficate or Registration number?
Permit/Lice	ense/Certificate/Registration	n #:
	ROOMS TO BE USED FOR Came and the room's anticipation	ARE OF CHILDREN – (Please identify the floor, room ated use):
FLOOR(S):	ROOM NUMBERS PER FLOOR:	
1 LOOK(S).	NOOM I VENDEROTER I EOOM	
Please attack	n an additional sheet of pap	er to add more rooms.
14) Signature	OF SUBMITTER:	
	SIGNATURE	DATE (MONTH/ DAY/ YEAR)
	PRINT NAME	TITLE
Ri	ELATION TO APPLICANT	

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