



BOARD OF HEALTH

Town of Boylston

221 Main Street
Boylston, MA 01505
Tel (508) 869-0143 X 222 (Main)
508-869-6828 (Direct)
Fax (508) 869-6210
Email: boh@boylston-ma.gov

APPLICATION FOR A LICENSE TO OPERATE AN ACCREDITED BATHING BEACH

FEE: \$100.00

Name of Bathing Beach: _____

Location or Address of Beach: _____

Telephone Number at Beach: _____

Type of Beach: Public Semi-Public

Person in Charge of Beach: _____

Days and Hours Open: _____ a.m. to _____ p.m.
_____ a.m. to _____ p.m.
_____ a.m. to _____ p.m.
_____ a.m. to _____ p.m.
_____ a.m. to _____ p.m.

Estimated Average Daily Attendance: _____ Duration of Season: _____

Owner(s) Name: _____
Address: _____
Telephone No: _____

Operator(s) Name: _____
Address: _____
Telephone No: _____

Supervisor Name: _____
Address: _____
Telephone No: _____

Red Cross or YMCA Lifeguard Cert. # _____

Lifeguard Name: _____
Address: _____
Telephone No: _____

Red Cross or YMCA Lifeguard Cert. # _____

Lifeguard Name: _____
Address: _____
Telephone No: _____

Red Cross or YMCA Lifeguard Cert. # _____

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Telephone No: _____
Red Cross or YMCA Lifeguard Cert. # _____

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Telephone No: _____
Red Cross or YMCA Lifeguard Cert. # _____

Lifeguard Name: _____
Address: _____
Telephone No: _____
Red Cross or YMCA Lifeguard Cert. # _____

AGREEMENT

The undersigned agrees to operate the aforementioned bathing beach in accordance with the provisions of Article VII of the State Sanitary Code titled "Minimum Standards for Bathing Beaches" and other applicable laws or regulations. The undersigned further agrees not to place this bathing beach in operation until a license to operate said beach has been issued by the Board of Health.

Owner Signature & Date

Operator Signature & Date

Approved by: _____

Denied for the following reason(s): _____
