Office Use Only: ID #	Date Issued	Exp. Date	C #	Amount Rec.

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 PROCESSED AND WILL BE RETURNED FOR COMPLETION. IT IS ILLEGAL 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 1st offense + $25 for first 30 days
Additional Inspection	$100.00
Insufficient Funds	$25.00

6. Drinking Water:

Please note Sections 6 and 7 should be filled out completely as is relevant to your establishment. Incomplete applications will be returned to the sender.

A. Does your water come from a public city/town water supply?

☐ **Yes**, provide the name of the city/town water supplier to which you pay your water bill. _____. Then, skip to #7 Wastewater Disposal.

☐ **No**, please indicate private source or potential source of water:

- ☐ Drilled Well
- ☐ Surface Water
- ☐ Dug Well

B. Is or was your business regulated by the State Drinking Water Program as a public water system?

1. Yes, provide your Public Water System ID#_____, answer question 6C. and skip to #7 Wastewater Disposal.
2. If no or unsure, please contact the Maine Drinking Water Program at 207-287-2070 and **continue:**

C. Will your business serve tap water in any of the following forms? Check all which apply**.** If you checked "Yes" to any of the questions below, and are not served by public water, you will be regulated by the Maine Drinking Water Program and should contact them at 207-287-2070.

☐ Cups/glasses of water.

☐ Drinks made on site (soda, lemonade, slush drinks, iced tea, juices, etc.).

☐ Ice made onsite.

☐ Drinking water fountain.

☐ Cups in the restroom or near any sink available to the public.

☐ Water is used as an ingredient for uncooked foods made onsite. For example, instant gelatin desserts.

Other, specify:_____

D. Are you applying for a change of ownership?

☐ If **Yes**, please provide the following water test results from a certified Laboratory for the following tests:

Nitrate, Nitrite, Total Coliform	Samples must be taken within the last 3 months before the date this application is received.

☐ If **No**, please provide the following water test results from a certified Laboratory for the following tests:

Nitrate, Nitrite, Total Coliform	Samples must be taken within the last 3 months before the date this application is received.
Antimony, Arsenic, Chloride, Fluoride, Hardness, Iron, Manganese, pH, Uranium	Samples must be taken within one year before the date this application is received.

For a list of Certified Laboratories, see *www.medwp.com* or call the Maine Drinking Water Program at 207-287-2070.

(Please ensure all tests are included on your water test report to ensure timely processing of your application.)

E. . If there are underground fuel storage tanks within 1000 feet of the well, a volatile organics water test (VOC 524) must also be done.

F. 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.

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

H. . Drilled well construction information (if known):

Depth_____ft. Length of casing_____ft. Yield_____gal/min.

I. 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):_____

J. Distance from the well to the nearest point of all leach fields (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.***

K. 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.***

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

M. 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) you may search here: https://apps.web.maine.gov/cgibin/online/mecdc/septicplans/index.pl

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:

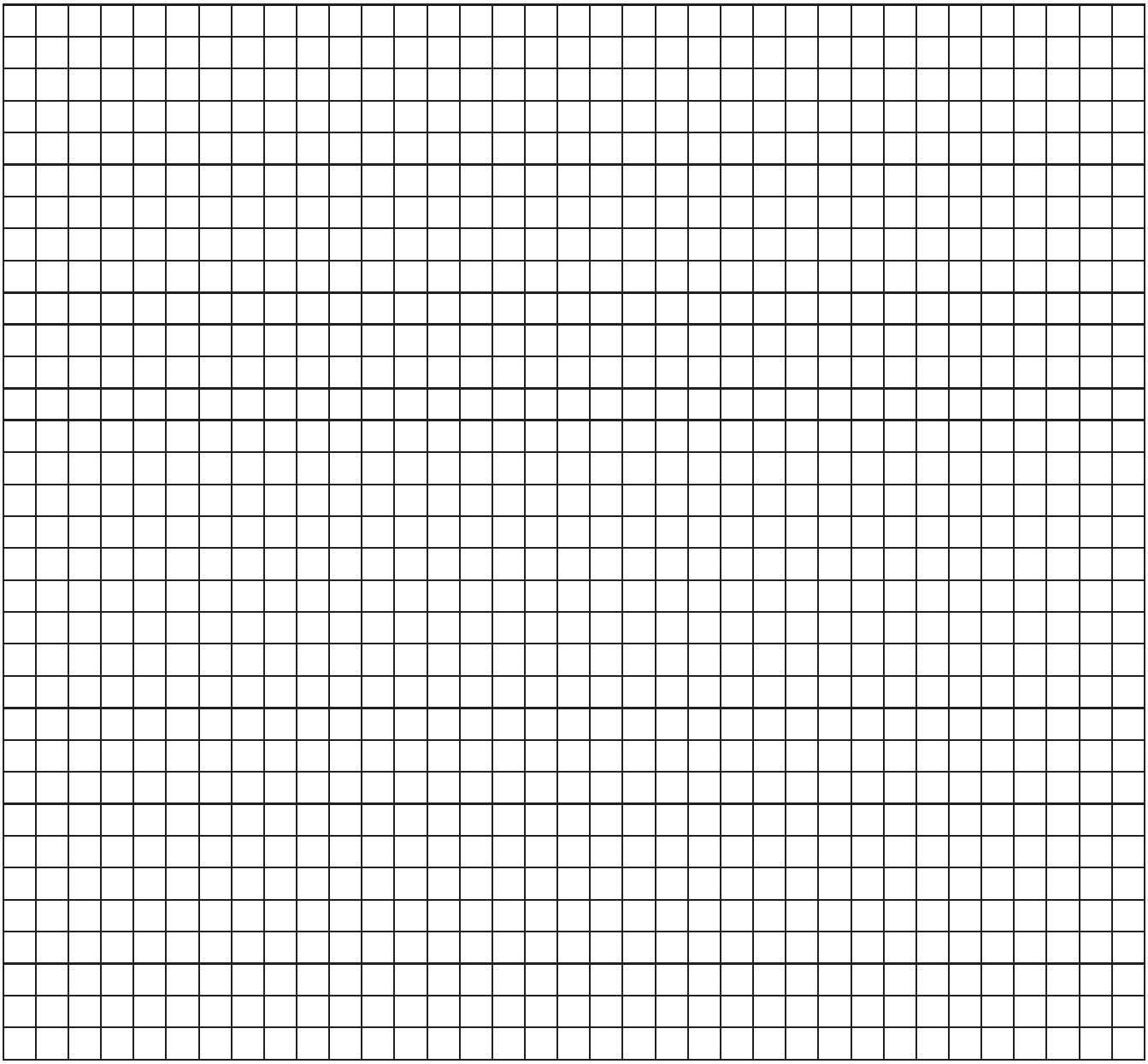
Attach a copy of your menu, or a draft menu.

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 knowledgeableparty, 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 the table below 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						
Walk-in Freezer		**KITCHEN EQUIPMENT & SINKS (Numbers)**			**TOILET FACILITIES**	
Reach-in Freezer		Ice Machine(s)			Number of Fixtures:	
Closed Display Freezer		Ware washing Sink(s) with 3 basins			Men's Bathroom	
Open Display Freezer		Ware washing Sink(s) with 2 basins			Toilets	
Freezer Buffet Unit		Hand washing Sink(s)			Urinals	
Other		Utility Sink(s)			Sinks	
		Food Prep Sink(s)				
		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)					Employee Bathroom	
Barrels (food grade)		**Meals being served: Please check all that apply**			Toilets	
Bulk					Urinals	
Pallets		☐ **Breakfast** ☐ **Lunch** ☐ **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 <u>MUST</u> submit a valid copy of your Certified Food Protection Manager certificate with your application for new establishments or change of ownership. Contact the HealthInspection Program at 207-287-5671 for more information. Go to *www.maine.gov/healthinspection* for a list of CFPM courses. Provide a <u>copy</u> of a CFPM certificate for each certified person.

12. 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 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 themunicipality 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

Date: _____

To be completed by the Owner/Applicant

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 ☐ change in use ☐ change in ownership ☐ increased use ☐ Other Please Specify:

Please describe the proposed use or proposed change in existing use for this property:

a. Prior use: _____ (for example " takeout with 40-seats","a 40-site campground", or not previously licensed.)

b. Proposed use: _____ (List number of units for example: "a 40-seat restaurant", "a 30-unit motel" or "no change in use"

c. Are you a new owner of the establishment? : ☐ 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 _____CAMPGROUN D SITES

_____YOUTH CAMP CAMPERS _____YOUTH CAMP STAFF

OBD COMPLIANT ☐ YES ☐ NO (If has an Overboard Discharge System for wastewater disposal, contact DEP Compliance Staff: https://www.maine.gov/dep/water/wd/OBD/index.html. _____# of gallons licensed to discharge.

(To request a record search for difficult to find permits please visit https://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 requirementsfor the proposed use or the applicant has submitted an application for an expanded system design (and installation if requiredby the Expansion section of the Rules) that meets the design requirements of the Rules and any relevant local ordinances forthe proposed use.

LPI Signature _____ **Date**