



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**LEGAL AND REGULATORY SERVICES**  
**CHILD CARE LICENSING UNIT**

129 PLEASANT STREET, CONCORD, NH 03301-3857  
 603-271-9025 1-800-852-3345 Ext. 9025  
 Fax: 603-271-4782 TDD Access: 1-800-735-2964  
 www.dhhs.nh.gov

**Youth Recreation Camp Program Application**

<b>Camp Name and Location Information:</b>	
Camp Name:	Location where camp operates (street address and town/city):
	Name of each lake or river on which the YRC is located (if applicable):
Camp Website and Social Media addresses:	
<b>Camp Owner and Director Information:</b>	
Owner's / Organization Name:	Director's / Operator's Name (if different than owner):
Primary Mailing Address:	Primary Mailing Address:
Telephone Number (year-round):	Telephone Number (year-round):
Emergency Telephone Number:	Emergency Telephone Number:
E-mail Address: <input type="checkbox"/> - send license to this email address	E-mail Address: <input type="checkbox"/> - send license to this email address
<b>Camp Operating Information:</b>	
If the camp previously operated in New Hampshire provide: year(s) the camp operated and the name(s) the YRC operated under: From: _____ To: _____ Name(s): _____	
Has the camp's license ever been suspended or revoked: (check) <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Neither	
Maximum Camp Population (at any given time): Campers: _____ Staff: _____ Total: _____	
Is the camp a seasonal camp or a year-round camp (Do Not Include Retreats)? <input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round	
Is the camp a day camp or a residence camp (if applicable, check both)? <input type="checkbox"/> Day <input type="checkbox"/> Residence	

Seasonal camps only:  Opening Date for Campers: _____  Closing Date for Campers: _____	Summer Mailing Address: (if different than primary)  Summer Daytime Telephone Number: _____
Does the camp prepare or serve food to campers or camp staff? <span style="float: right; margin-right: 50px;"><input type="checkbox"/> Yes</span> <span style="float: right;"><input type="checkbox"/> No</span>	
<b>Drinking Water and Plumbing Information:</b>	
Is the camp a Public Water System (PWS) or connected to a town water supply? PWS <input type="checkbox"/> Provide PWS ID _____ Connected <input type="checkbox"/> Provide town water supply name _____ If not a PWS or connected, describe the source of drinking water used by the camp: _____	
1) For any YRC that is not a PWS and is not connected to a PWS but that provides drinking water, other than water bottled as specified in RSA 143 and He-P 2100, to campers, camp staff or both, the YRC owner shall submit results of water analysis for bacteria and nitrates collected within 30 days of opening date. 2) For any YRC that is connected during the season to a PWS and then disconnects from the PWS at the end of the season, the YRC owner shall submit results of a water analysis for bacteria which is collected from a location within the camp that will provide water to campers and staff. The results of the bacteria analysis must be submitted with the application. 3) For an YRC that is a PWS, the YRC owner shall comply with the sampling requirements listed in their Master Sampling Schedule.	
Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by on-site sewage disposal system(s)? <span style="margin-left: 50px;"><input type="checkbox"/> Municipal/Off-Site</span> <span style="margin-left: 50px;"><input type="checkbox"/> On-Site</span> <span style="margin-left: 50px;"><b>If on site, please answer the questions below:</b></span>	
<b>ALL CAMPS MUST PROVIDE:</b> Date of most recent septic tank pumping and inspection: _____	
<b>If the following information was previously submitted and has not changed in the last 12 months, please note by circling:</b>  <div style="text-align: center; padding: 10px;"><b>No changes or additions to sewage disposal system</b></div> New camps or camps that installed a new sewage disposal system since last season, provide the following: -What type of toilet facility and sewage disposal system is available? _____ -If the camp has an on-site septic system: <b>DES Design Approval #</b> _____ <b>Approval Date:</b> _____ If this information is not available please provide the approximate age of the system: _____	
<b>Certification and Signature:</b>	
The signature shall constitute certification that the signer is the YRC owner or has been authorized by the YRC owner to sign the application, that the information provided in and with the application is true, complete and not misleading to the knowledge and belief of the signer; and the signer understands that any license granted based on false, incomplete or misleading information shall be subject to suspension or revocation. The YRC owner also certifies that the YRC director meets the requirements specified in He-C 4003.11.	
Signature: _____ Title: _____  Name: _____ Date: _____ <div style="text-align: center; margin-top: 5px;">(Please Print)</div>	

**License Fee: \$200** – Make checks payable to: **Treasurer State of NH**. Applications must be received **30 days prior** to the camp’s opening date or no later than December 1, for the following calendar year, for a year-round camp. Mail the completed application, checklist and fee to:

**Mail to:**  
 Youth Camp Programs  
 DHHS- Child Care Licensing Unit  
 129 Pleasant Street  
 Concord, NH 03301

<u>This Box for DHHS Office Use Only</u>	<u>Date Stamp Here</u>
Check #: _____	
Date of Check: _____	
Check Amount: _____	