



- NEW CAMP PERMIT
- RENEWAL CAMP PERMIT

CAMIS/RECORD ID#: \_\_\_\_\_

## SUMMER CAMP 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 DIRECTOR'S ORIENTATION:

\_\_\_\_\_

4) SITE ADDRESS AND APPLICANT CONTACT INFORMATION:

Building No.: \_\_\_\_\_ Street: \_\_\_\_\_

Borough/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel No.: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax No. ( \_\_\_\_\_ ) \_\_\_\_\_  
(Where you may be reached at all times)

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

5) MAILING ADDRESS (If different from site address):

Building No.: \_\_\_\_\_ Street: \_\_\_\_\_

Borough/Town: \_\_\_\_\_ Zip: \_\_\_\_\_



10) ORGANIZATION NAME– If known:

<b>NAME OF INDIVIDUAL, PARTNERSHIP OR INCORPORATED OR UNINCORPORATED ORGANIZATION:</b>			
<b>WHERE INCORPORATED:</b>	<b>DATE INCORPORATED:</b>	<b>FILED IN COUNTY OF:</b>	<b>DATE FILED</b>

*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:

<b>OWNER/OPERATOR/BOARD MEMBERS</b>		
<b>PRINT NAME:</b>	<b>TITLE:</b>	<b>HOME ADDRESS:</b>

*Please use another piece of paper for additional board members.*

11) STAFFING – If known:

	<b>NAME:</b>	<b>HOME ADDRESS:</b>	<b>TELEPHONE:</b>
<b>CAMP OPERATOR</b>			(   )
<b>CAMP DIRECTOR</b>			(   )

12) OTHER PROGRAMS:

Do you or anyone associated with this application currently operate any other residential or commercial child care service?

Yes     No

If yes please identify. Select all that apply

- Group Child Care                       School Based Child Care  
 School-Age Child Care                       Family and/or Group Family Day Care  
 Other \_\_\_\_\_

If so, what is the Permit/License/Certificate or Registration number?

Permit/License/Certificate/Registration #:

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

If yes, please identify name (s) and address (es):

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

Have you or anyone associated with this application ever operated a residential or commercial child care service?

Yes     No

If yes please identify. Select all that apply

- Group Child Care                       School Based Child Care  
 School-Age Child Care                       Family and/or Group Family Day Care  
 Other \_\_\_\_\_

If so, what is the Permit/License/Certificate or Registration number?

Permit/License/Certificate/Registration #:

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If yes, please identify name (s) and address (es):

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Have you or anyone associated with this application ever owned, operated, or worked at a residential or commercial child care service that was suspended and / or revoked?

Yes     No

*If yes, please identify name (s) and address (es):*

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13) FLOORS AND ROOMS TO BE USED FOR CARE OF CHILDREN – (Please identify the floor, room number or name and the room’s anticipated use):

<b>FLOOR(S):</b>	<b>ROOM NUMBERS PER FLOOR:</b>

*Please attach an additional sheet of paper to add more rooms.*

14) **Past History**

Have you or anyone associated with this application ever operated a Summer Camp other than the one related to this application?

- Yes     No

If yes please identify. Select all that apply

- Summer Day Camp                       Traveling Summer Day Camp  
 Municipal Summer Day Camp         Developmentally Disabled Summer Day Camp  
 Children's Overnight Camp

If so, what is the Permit/License/Certificate or Registration number?

Permit/License/Certificate/Registration #:

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If yes, please identify name (s), address (es) and position held:

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Have you or anyone associated with this application ever owned, operated, or worked at a summer camp whose permit was suspended and /or revoked?

- Yes     No

*If yes*, please identify name (s) and address (es):

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15) SIGNATURE OF SUBMITTER:

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SIGNATURE

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DATE (MONTH/ DAY/ YEAR)

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PRINT NAME

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TITLE

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RELATION TO APPLICANT