



Town of Granby
215B West State Street
Granby, MA. 01033
413-467-7174
413-467-3101 Fax
boh@granbyma.org

Dear Licensee:

YOU MUST COMPLETE, SIGN AND PRESENT OR MAIL THIS FORM WITH YOUR REMITTANCE , A COMPLETED WORKMANS COMP FORM FOR THE STATE, AND A COPY OF YOUR LIABILITY INSURANCE AND A COPY OF YOUR VICTUALLER'S LICENSE FROM SELECTMENTS OFFICE IN ORDER TO RECEIVE YOUR LICENSE/PERMITS. The Board of Health office is located at 215B West State Street, Granby, MA. 01033, and our office hours are Monday – Friday 9:00 a.m. to 1:00 p.m.

Thank you,
Granby Board of Health

Name of Business: _____ (Print) Phone: _____
Cell: _____

Owners Name: _____ (Print)

Mailing Address: _____

City, State, Zip: _____

Business Address if different from mailing address: _____

Number of Campers: _____ Number of Staff: _____

Number of Days Open: _____ Dates From: _____

Phone Number: _____

RECREATIONAL CAMP LICENSE.....\$50.00

***ALL ANNUAL PERMITS EXPIRE DECEMBER 31.**

*** PAYMENT IS DUE WITH THIS APPLICATION.**

Signature of Owner or Applicant and Title: _____

Date: _____