

☐ New permit ☐ Renewal

Fee: N/A

**Town of Peru
Board of Health
Application for Permit to Operate a Bathing Beach**

Date of Application: _____

Beach Name: _____

Address/Location: _____

Water Body: _____

Operator's Name: _____

Address: _____

Telephone #: _____

E-mail Address: _____

Dates of Operation: From: _____ To: _____

Sampling Frequency (if not weekly, please explain): _____

Are Field Data Forms completed in full for each sampling event? ☐ Yes ☐ No

Has the Board of Health received timely notification of any exceedences/closures? ☐ Yes ☐ No

Typed or Printed Name of Applicant: _____

I certify, under the pains and penalties of perjury, that the information provided is, to the best of my knowledge, correct, and that the bathing beach complies with the provisions of **105 CMR 445.000, Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII)**.

I certify, under the pains and penalties of perjury, that the information provided on this application is correct.

Pursuant to MGL CH. 62C, sec. 49A, I certify, under the pains and penalties of perjury that, to the best of my knowledge and belief, have filed all state tax returns and paid all state and local taxes as required by law.

Signature of Applicant

Date Signed

Board of Health Use Only

☐ Approved ☐ Denied (reason): _____

Signature of Board of Health Member or Agent

Date Signed