

**TOWN OF HUBBARDSTON**  
**APPLICATION TO OPERATE A PRIMITIVE CAMPGROUND**

Fee: \$50.00

**Name of Campground:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Site Telephone:** \_\_\_\_\_

**Name of Camp Owner(s)** \_\_\_\_\_

**Address of Camp Owner:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Dates of Operation:** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Date of Inspection by Board of Health:** \_\_\_\_\_

**Board of Health Signatures:**

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