



Truro Select Board

Tuesday, April 14, 2020

Executive Session-1:30 PM

Remote Meeting-2:00 PM

AMENDED

Executive Session: *Move that the Select Board enter into Executive Session pursuant to M.G.L. Chapter 30A, §21(a) paragraph (2), to Discuss strategy sessions in preparation for negotiations with non-union personnel and to conduct contract negotiations with non-union personnel –Town Manager.*

Regular Meeting

This will be a remote meeting. If citizen's wish to provide public comment for this meeting, please email the Town Manager at rpalmer@truro-ma.gov with your comments. Please check the Town Website On Tuesday morning for call in information if you wish to listen in, ask questions or provide public comment.

1. PUBLIC COMMENT

A. Covid-19 Update - Staff

2. PUBLIC HEARINGS NONE

3. BOARD/COMMITTEE/COMMISSION APPOINTMENTS NONE

4. TABLED ITEMS NONE

5. SELECT BOARD ACTION

A. Vote to Rescind January 28, 2020 Vote to Use Automatic Tabulator for Elections

Presenter: Kelly Clark, Assistant Town Manager

B. Review and Vote on Local Options for Tax Payment Due Dates, Sections 10-11 of Chapter 53 of the Acts of 2020, "An Act to Address Challenges Faced by Municipalities and State Authorities Resulting from COVID-19"

Presenter: Rae Ann Palmer, Town Manager

C. Vote to Authorize Town Manager to Sign Items Approved by the Select Board during the Covid-19 Pandemic Town Hall Closure

Presenter: Rae Ann Palmer, Town Manager

6. CONSENT AGENDA

A. Review/Approve and Authorize Signature:

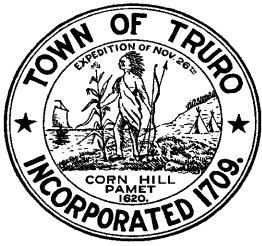
1. None

B. Review and Approve and Hold Seasonal Licenses: Adventure Bound North Truro Camping Area and Adventure Bound Camping Resort at Horton's (Transient Vendor)

7. SELECT BOARD REPORTS/COMMENTS

8. TOWN MANAGER REPORT

9. NEXT MEETING AGENDA: April 21 and April 28



TOWN OF TRURO

Select Board Agenda Item

DEPARTMENT: Administration

REQUESTOR: Kelly Clark, Assistant Town Manager

REQUESTED MEETING DATE: April 14, 2020

ITEM: Vote to Rescind January 28, 2020 Vote to Use Automatic Tabulator for Elections

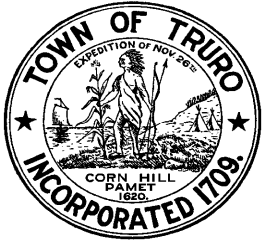
EXPLANATION: On January 28, 2020 the Board voted to begin using the ImageCast Precinct Optical Scan Tabulator effective September 1, 2020 and to discontinue the use of the hand crank ballot box. The State Elections Division was notified, as required. An article (Article 36) was prepared for Town Meeting voters to provide an advisory vote at Annual Town Meeting regarding the use of the automatic tabulator so that the Board could potentially re-vote the use of the tabulator at a May meeting, if needed.

MGL Chapter 54, Section 34 requires that a vote to use or discontinue the use of an electronic voting machine be held at least 120 days prior to a state primary. With the state primaries scheduled for September 1, 2020 and Truro's Town Meeting postponed due to the COVID-19 Public Health Emergency, the Board would not have sufficient time to reverse its January 28th vote prior to the State's deadline. In an effort to allow for the advisory vote to occur and to maintain the current hand crank ballot box voting practice, the Board will need to vote to rescind their January 28, 2020 vote. After Town Meeting, if the Board wishes to once again discontinue the use of the hand crank ballot box and to begin using the ImageCast Precinct Optical Scan Tabulator, a vote can be taken to begin the use of the tabulator at a state or presidential primary or state election more than 120 days from the date of the vote or a municipal primary, preliminary election or election more than 60 days from the date of the vote.

IMPACT IF NOT APPROVED: The Town will be required to purchase and use the ImageCast Precinct Optical Scan Tabulator.

SUGGESTED ACTION: *Move to rescind the January 28, 2020 vote of the Truro Select Board and to continue the use of the hand crank ballot box voting system.*

ATTACHMENTS: None



TOWN OF TRURO

Select Board Agenda Item

DEPARTMENT: Administration

REQUESTOR: Rae Ann Palmer, Town Manager

REQUESTED MEETING DATE: April 14, 2020

ITEM: Review and Vote on Extended Tax Bill Payment

EXPLANATION: On April 3, 2020, the Governor signed Chapter 53 of the Acts of 2020 entitled “An Act to Address Challenges Faced by Municipalities and State Authorities Resulting from COVID-19” (Act). Chapter 53, Sections 10 and 11, allow municipalities to: extend the date real estate and personal property taxes are due to a date not later than June 1, 2020; extend the date property tax exemptions are due to a date not later than June 1, 2020; and/or waive the interest and other penalty for late payment of excise and real estate and personal property taxes for any payments with a due date on or after March 10, 2020, where payment is made late but before June 30, 2020. Currently real estate and personal property taxes in Truro are due on May 1, 2020. If the Board decides to extend the date real and personal property taxes are due to June 1, 2020 then June 1, 2020 is the new due date even if the due date for payment on a previously mailed tax bill is May 1, 2020. Property tax exemptions were due on April 1, 2020. If the Board decides to extend the date property tax exemptions are due to June 1, 2020 then June 1, 2020 is the new date even if the due date for applications on a previously mailed tax bill is April 1, 2020. If the Board decides to waive the interest and other penalty for late payment of excise and real estate and personal property taxes, it will apply to late payments of bills that have a due date of March 10, 2020 or after, when such bills are paid late but paid on or before June 30. This waiver of interest does not apply to bills with due dates before March 10, 2020 or if the bill is not paid by June 30, 2020.

Staff proposes that the Board vote for these extensions, which may provide some financial relief to our community during this challenging time. The extensions will not impact our available funds as all available funds earmarked for the current year budget are already in the Town’s accounts. The Board will also need to adopt the method of notification to taxpayers to be the Town of Truro website. A notice will be posted if the Board votes for the extensions and/or for the waiving the interest for the eligible late payments.

Tax bills can be paid online, by mail or via the Town Hall drop box (only checks should be deposited in the drop box). Exemption applications may be submitted by mail, via the Town Hall drop box or by email to JNahas@truro-ma.gov.

IMPACT IF NOT APPROVED: Tax due dates and exemption due dates will not be extended, and interest and penalties will not be waived for late payments with a due date on or after March 10, 2020 where payment is made late but before June 30, 2020.

SUGGESTED ACTION: *Move that the Select Board vote, pursuant to Section 10 of Chapter 53 of the Acts of 2020, as follows:*

*The due date for taxpayers to pay 2020 second half real and personal property tax bills is **extended from May 1, 2020 to June 1, 2020.***

*The due date for taxpayers to file applications for property tax exemptions is also **extended from April 1, 2020 to June 1, 2020.***

Interest and other penalty is waived for late payment of any excise, tax, or other charge added to a tax for any payments with a due date on or after March 10, 2020 where payment is made late but before June 30, 2020.

The Select Board further votes to adopt the method of notification to taxpayers as notification on the Town of Truro website.

ATTACHMENTS:

1. Sections 10 and 11 of Chapter 53, Acts of 2020

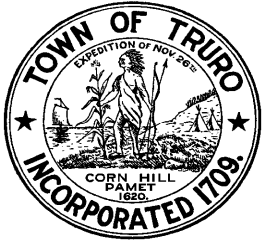
Chapter 53 of the Acts of 2020

SECTION 10. (a) Notwithstanding any general or special law to the contrary, as a result of the outbreak of the 2019 novel coronavirus, also known as COVID-19, and the governor's March 10, 2020 declaration of a state of emergency, for fiscal year 2020, the chief executive officer of a city or town, as defined in clause Fifth B of section 7 of chapter 4 of the General Laws, or a district may extend:

- (i) for the purposes of the first paragraph of section 57 of chapter 59 of the General Laws, the date May 1 to a date not later than June 1, 2020;
- (ii) for the purposes of the seventh and eighth paragraphs and the tenth and eleventh paragraphs of section 57C of said chapter 59, the date May 1 to a date not later than June 1, 2020;
- (iii) for the purposes of the seventh paragraph of said section 57C of said chapter 59, the date April 1 to a date not later than June 1, 2020; and
- (iv) for the purposes of the third paragraph of said section 59 of said chapter 59, the date April 1 to a date not later than June 1, 2020.

(b) Notwithstanding said sections 57, 57C and 59 of said chapter 59 or any other general or special law to the contrary, if municipal offices are closed as a result of the outbreak of the 2019 novel coronavirus, also known as COVID-19, or the governor's March 10, 2020 declaration of a state of emergency on the date that a tax payment, abatement or exemption application is due, the due dates shall not be extended except pursuant to this section.

SECTION 11. Notwithstanding section 57, 57A and 57C of chapter 59 of the General Laws, section 2 of chapter 60A of the General Laws or any other general or special law to the contrary, as a result of the outbreak of the 2019 novel coronavirus, also known as COVID-19, or the governor's March 10, 2020 declaration of a state of emergency, the chief executive officer of a city or town, as defined in clause Fifth B of section 7 of chapter 4 of the General Laws, or the prudential committee or commissioners of a district may waive the payment of interest and other penalty in the event of late payment of any excise, tax, betterment assessment or apportionment thereof, water rate or annual sewer use or other charge added to a tax for any payments with a due date on or after March 10, 2020 and made after its respective due date but before June 30, 2020. Notwithstanding the forgoing, a city or town shall not terminate an essential service of a resident, including, but not limited to, water, trash collection or electricity, for nonpayment of taxes or fees with a due date on or after March 10, 2020, made after its respective due date but before June 30, 2020, if the nonpayment resulted from a demonstrated inability to pay due to circumstances related to the outbreak of COVID-19 or the governor's March 10, 2020 declaration of a state of emergency; provided that the inability to pay shall include a demonstrated financial hardship of a resident, which may include, but not be limited to, loss of employment, serious illness of someone within the home or death of someone within the home.



TOWN OF TRURO

Select Board Agenda Item

DEPARTMENT: Administration

REQUESTOR: Rae Ann Palmer, Town Manager

REQUESTED MEETING DATE: April 14, 2020

ITEM: Vote to Authorize Town Manager to Sign Items Approved by the Select Board during the Covid-19 Public Health Emergency Town Hall Closure

EXPLANATION: The Select Board is practicing social distancing and meeting remotely due to the COVID-19 Public Health Emergency, which makes obtaining physical signatures for various documents from Board members challenging. Town Counsel advised that the Board may authorize me to sign documents moving forward by including this authorization in future motions. The Board may also authorize me to sign documents that were previously voted. A motion is included for that authorization.

The following documents still require signature:

Select Board Minutes from March 19, 2020 (Approved April 7, 2020)

Select Board Minutes from March 24, 2020 (Approved April 7, 2020)

Appointment slip for Elizabeth Sturdy to Board of Registrars (Approved April 7, 2020)

Appointment slip for Molly Stevens for Temporary Assistant Tax Collector (Approved March 24, 2020)

Transient Vendor Licenses (Approved March 24, 2020)-To be signed only upon compliance with all regulations and upon receipt of the necessary documents and fees.

Additionally, the Commonwealth of Massachusetts Town of Truro Certificate of Cemetery Perpetual Care Trust Fund requires the signature of the Board or your authorization for me to sign.

SUGGESTED ACTION: MOTION TO authorize the Town Manager to sign the following documents: Minutes from March 19, 2020; Minutes from March 24, 2020; Appointment slip for Elizabeth Sturdy to Board of Registrars; Appointment slip for Molly Stevens for Temporary Assistant Collector; and Transient Vendor Licenses approved March 24, 2020} previously voted by the Select Board; and to authorize the Town Manager to sign the Commonwealth of Massachusetts Town of Truro Certificate of Cemetery Perpetual Care Trust Fund.

ATTACHMENTS:

1. Commonwealth of Massachusetts Town of Truro Certificate of Cemetery Perpetual Care Trust Fund

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF TRURO

CERTIFICATE OF CEMETERY PERPETUAL

CARE TRUST FUND

The Town of Truro, County of Barnstable, Commonwealth of Massachusetts, by its Town Treasurer, hereby acknowledges the receipt of the following

CEMETERY PERPETUAL CARE TRUST FUND

Total Amount Received: \$400.00 (Four Hundred Dollars Even)

Amount Applied to Lot: \$400.00 Cemetery: N/A

Date of Deposit: April 9, 2020

From Whom Received: [Redacted]

Name of Fund: Lamson Fund

Name of Cemetery: New South Lot: 117 Block 3

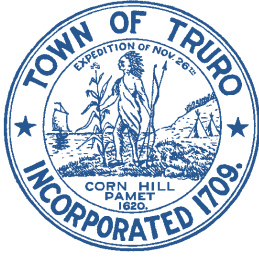
The foregoing is held in accordance with the provisions of Section 19, Chapter 114 of the General Laws of Massachusetts, the income of said fund to be used for the preservation, care, improvement, or embellishment of the burial lot and/or cemetery described, said fund drawing interest from the first day of the month following the date of deposit.

Countersigned:

Signed:

Treasurer of Truro

Select Board of Truro



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

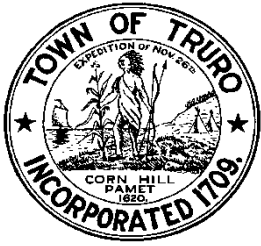
Tel: 508-349-7004, Extension: 110 or 124 Fax: 508-349-5505

6. **CONSENT AGENDA**

A. Review/Approve and Authorize Signature:

1. None

B. Review and Approve and Hold Seasonal Licenses: Adventure Bound North Truro Camping Area and Adventure Bound Camping Resort at Horton's (Transient Vendor)



TOWN OF TRURO

Board of Selectmen Agenda Item

DEPARTMENT: Licensing Department

REQUESTOR: Nicole Tudor, Executive Assistant

REQUESTED MEETING DATE: April 14, 2020

ITEM: Approval of 2020 Transient Vendor Licenses (Seasonal Retail) for both Adventure Bound Camping Resorts at Horton's , 67 South Highland Rd and Adventure Bound North Truro Camping Area, 46 Highland Road.

EXPLANATION: The Transient Vendor (Seasonal Retail) applications for Adventure Bound Camping Resorts at Horton's and North Truro Camping Area and their supporting documentation are under the authority of the Select Board as Local Licensing Authorities. If you approve these for renewal, these licenses will be held until Governor Baker's closure of non-essential businesses has ended and only upon compliance with all regulations and receipt of the necessary fees. The Health Department licenses have been approved for both Adventure Bound Camping Resorts at Horton's and the North Truro Camping Area for the 2020 season for both campground locations.

Mass General Law	Licenses & Permits Issued by Board of Selectmen	Names of Businesses
Chapter 101 § 2	Transient Vendor (Seasonal Retail)	Adventure Bound North Truro Camping Area 46 Highland Road
Chapter 101 § 2	Transient Vendor (Seasonal Retail)	Adventure Bound Camping Resort at Horton's 67 South Highland Rd

FINANCIAL SOURCE (IF APPLICABLE): N/A

IMPACT IF NOT APPROVED: The applicant will not be issued their 2020 Transient Vendor (Seasonal Retail) License to operate Adventure Bound Resort at Horton's and Adventure Bound North Truro Camping Area.

SUGGESTED ACTION: *MOTION TO approve and hold the 2020 Transient Vendor (Seasonal Retail) Licenses for Adventure Bound Resort at Horton's and Adventure Bound North Truro Camping Area, 46 Highland Road upon compliance with all regulations and receipt of the necessary fees and Governor Baker's closure of non-essential businesses has ended AND authorize the Town Manager to sign.*

ATTACHMENTS:

1. 2020 Renewal Application and Board of Health Licenses for Adventure Bound North Truro Camping Area
2. 2020 Renewal Application and Board of Health Licenses for Adventure Bound Camping Resort at Horton's

Number: 2020-022A

Fee: \$50.00

Town of Truro Board of Health
24 Town Hall Road, Truro, MA 02666
Campground

This is to certify that **Wayne Klekamp, mgr., d/b/a North Truro Camping Area**
46 Highland Rd

Has Been Granted A License to Operate **Recreational Camps, Overnight Camps or Trailer**
Coach Parks

This license is issued in conformity with the authority granted to the Truro Board of Health, by Chapter 140, Sections 32A, 32B, 32C, 32D, 32E as amended, and is subject to the provisions of the Laws of the Commonwealth of Massachusetts relating thereto, and upon such terms and conditions, and to the rules and regulations in regard to said Camps or Cabins so licensed as adopted by the Truro Board of Health and expires **December 31, 2020** unless sooner suspended or revoked.

Date

of units: **330 sites**

Truro

Jean Titus

Kimberly Rose
Mark W. Potts

Truro Board of Health

Number: 2020-022B

Fee \$75.00

Town of Truro Board of Health
24 Town Hall Road, Truro, MA 02666
Permit To Operate A Food Establishment

In accordance with Regulations promulgated under authority of Chapter 111, Section 127A of the General Laws a Permit is hereby granted to:

Wayne Klekamp, mgr., d/b/a Adventure Bound Camping
North Truro Camping Area

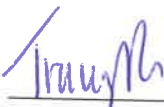
Whose place of business is **46 South Highland Rd**


Type of business and any restrictions **General Store (prepackaged & microwave food items/dry goods)**



To operate a food establishment in **Truro**

Permit Expires: **December 31, 2020**

Date Issued:





Truro Board of Health



PAID 5076 850

HEALTH DEPARTMENT
TOWN OF TRURO

OCT 28 2019

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TOWN OF TRURO 2022-022A

PO Box 2030, Truro MA 02666

Tel: 508-349-7004, Extension: 131 or 124 Fax: 508-349-5508

LICENSE APPLICATION: Condominiums, Cottage Colonies, Motels, Campgrounds, Lodging, Gas Station/Retail Service, Transient Vendor

Section 1 – License Type & Hours of Operation

Please check the appropriate box the best describes the license type(s).

New Renewal

FACILITY: # UNITS

HOURS OF OPERATION:

Motel _____

Annual Seasonal

Cottage Colony _____

Opening Date: 04/01/2020

Condominium _____

Closing Date: 11/09/2020

Campground 330

Days of the Week Open: Mon - Sun

Lodging _____

Transient Vendor

Gas Station (Please submit your Service Station Compliance Form & Third Part Underground Storage Tank Inspection Report (FP 289))

Section 2 – Business Information

Federal Employers Identification Number (FEIN/SS) _____

H. Wayne Klekamp

Adventure Bound Camping Resorts @ Cape Cod

Print Name of Applicant

Business Name

same

Owner Name

46 Highland Road North Truro, MA 02652 905 16th Place Vero BEach, FL 32960

Street Address of Business

Mailing Address of Business

772-584-3628

ap@abcamping.com

Business Phone Number

Business E-Mail Address

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Section 3 - MANAGER INFORMATION

Check if New Manager (if checked, MUST submit Application to Name a Manager)

Name of Onsite Manager:

Name: James Bourne

Unit Number: _____

Mailing Address: 46 Highland Road North Truro, MA 02652

Phone: (24 Hour Contact): [REDACTED]

Email Address: manager@abcapecod.com


Manager's Signature (REQUIRED)

Name of Offsite Manager:

Name: _____

Business Name: _____

Business Address: _____

Phone: (24 Hour Contact): _____

Email Address: _____

Manager's Signature (REQUIRED)

Name of Co- Manager:

Name: _____

Business Name: _____

Business Address: _____

Phone: (24 Hour Contact): _____

Email Address: _____

Co-Manager's Signature (REQUIRED)

Section 4 - ATTESTATION

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all local state taxes required under law and the information I have provided is true and accurate. Any misstatement in this application, or violation of state or applicable town bylaws or regulations, shall be considered sufficient cause for refusal, suspension or revocation of the license.

Signature of Applicant

H. WAYNE KERRAP II
Print Name

10.4.19
Date

Additional Applications & Documentation

REQUIRED FOR ALL MOTELS, COTTAGE COLONIES, CONDOMINIUMS & CAMPGROUNDS

- Smoke detector/fire protection certification
- IF YOU HAVE EMPLOYEES- Workers Compensation Affidavit & Certificate of Insurance
- IF YOU DO NOT HAVE EMPLOYEES- Workers Compensation Affidavit
- Business certificate with the clerk's office

ADDITIONAL (SEPARATE) APPLICATIONS THAT MAY PERTAIN TO YOUR OPERATION

- Application for Pool or Hot Tub Permit
 - Application to Name a Manager
 - Entertainment License
 - Application to sell Tobacco
 - Application for Food Service Permit
- (rev 9/2017)

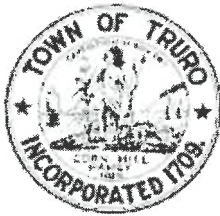
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HEALTH DEPARTMENT
TOWN OF TRURO

OCT 28 2019

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2020-022B



**Town of Truro
Board of Health**

24 Town Hall Road, P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004, Extension: 131 Fax: 508-349-5508
Email: ebeebe@truro-ma.gov or adavis@truro-ma.gov

APPLICATION FOR FOOD SERVICE – COMMON VICTUALER

New Renewal

PAID 5076

Section 1 – License Type

Type of License: Food Service Common Victualer

Type of Food Service Establishment:

- Food Service (restaurant or take out)
- Retail Food (commercially prepared foods)
- Residential Kitchen
- Bed & Breakfast w/Continental Breakfast
- Catering
- Manufacturer of Ice Cream/Frozen Dessert
- Bakery

Section 2 – Business/Owner/Manger Information

Federal Employers Identification Number (FEIN/SS) [REDACTED]

Business Name: A/C Mobile Home Park Inc @ CAPE COD

Owner Name: H. Wayne Klekamp Email Address: ap@abcamping.com

Mailing Address: 905 16th Place Vero Beach, FL 32960

Phone No: [REDACTED]

Person Directly Responsible for Daily Operations: (Owner, Person In Charge, Supervisor, Manager)

Name: James Bourne Email Address: manager@abcapecod.com

Mailing Address: 46 Highland Road North Truro, MA 02652

Phone No: 508-487-1847 24 Hour Emergency: [REDACTED]

Section 3 – Business Operation Details

Number of Seats: Inside: 0 Outside: _____ Number of Employees: 0

Length of Permit: Annual Seasonal Operation

Hours of Operation: 8 To 8

Days Closed Excluding Holidays: none

If Seasonal: Approximate Dates of Operation: 04 / 01 / 2020 To 11 / 09 / 2020

Certified Food Manager(s) (attach copy): (at least 1 full-time equivalent PER SHIFT required)

Allergen Awareness Certification (attach copy):

Has your menu changed from last year? Yes No

If yes please attach copy of menu or provide description of food to be prepared and sold:

Section 4 - Attestation

Attestation

I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the food service establishment as specified under § 8-402.11. I affirm that the food establishment operation will comply with 105 CMR 590.000, Truro Board of Health Regulation Section X, Food Service Regulations and all other applicable laws. Pursuant to MGL Ch. 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state and local taxes required by law.

Signature of Applicant: _____

Date: _____

10.4.19

Application Checklist:

- Food Service Permit Application**
- Smoke Detector/Fire Protection Certification**
- Workers Compensation Affidavit/Certificate of Insurance**
- Copy of Inspection of Kitchen Equipment: Commercial Hood and Ventilation System Report**
- Copy of Service report of mechanical washing equipment (Dishwasher)**
- Copy of ServSafe Certification and Allergy Awareness**
- Copy of Choke Saver (for food service establishment w/seating capacity of 25 or more)**

FOR HEALTH DEPARTMENT USE ONLY

Comments: _____

Review by _____

Date _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

HEALTH DEPARTMENT
 TOWN OF TRURO

OCT 28 2019

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Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: A/C Mobile Home Park, Inc at Cape Cod

Address: 46 Highland Road

City/State/Zip: North Truro, MA 02652

Phone #: 508-487-1847

Are you an employer? Check the appropriate box:

1. I am a employer with seasonal employees (full and/or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other campground

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: National Casualty Company

Insurer's Address: 1100 Locust Street

City/State/Zip: Des Moines, IA 50391

Policy # or Self-ins. Lic. # [REDACTED]

Expiration Date: 04/01/2020

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature]

Date: 10.22.19

Phone #: 772 584 3629

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/22/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
K&K INSURANCE GROUP, INC.
P.O. BOX 2338
FORT WAYNE, IN 46801

CONTACT NAME: LEISURE
PHONE (A/C No, Ext): 877-355-0315 **FAX (A/C, No):** 260-459-5990
E-MAIL ADDRESS:

HEALTH DEPARTMENT
TOWN OF TRURO

INSURED
H. WAYNE KLEKAMP, INC. (SEE SCHEDULE)
DBA : ADVENTURE BOUND CAMPING RESORTS
905 16TH PL
VERO BEACH, FL 32960

OCT 28 2019

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INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	NATIONAL CASUALTY COMPANY	11991
INSURER B:	NATIONAL CASUALTY COMPANY	11991
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: C99798

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			[REDACTED]	4/1/2019 12:01 AM	4/1/2020 12:01 AM	EACH OCCURRENCE	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$300,000
							MED EXP (Any one person)	EXCLUDED
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	
							PRODUCTS - COMP/OP AGG	\$5,000,000
							LEGAL LIAB TO PARTICIPANTS	
							PROFESSIONAL LIABILITY	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	4/1/2019 12:01 AM	4/1/2020 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION			[REDACTED]	4/1/2019 12:01 AM	4/1/2020 12:01 AM	EACH OCCURRENCE	\$3,000,000
							AGGREGATE	\$3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[REDACTED]	4/1/2019 12:01 AM	4/1/2020 12:01 AM	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000
	PARTICIPANT ACCIDENT						AD&D	
							Primary Medical	
							Excess Medical	
							Weekly Indemnity	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PROOF OF COVERAGE

RE: CAPE COD - NORTH TRURO: 42-44-46-48-67 HIGHLAND ROAD, NORTH TRURO, MA 02652
CAPE COD - HORTONS: 67-71 SOUTH HIGHLAND ROAD, NORTH TRURO, MA 02652

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Scott [Signature]



TRURO FIRE RESCUE
Truro Public Safety Facility
344 Route 6 Truro, MA 02666

HEALTH DEPARTMENT
TOWN OF TRURO

OCT 28 2019

RECEIVED BY

FIRE PROTECTION SYSTEMS
ANNUAL TEST REPORT

BUSINESS NAME: A/C Mobile Home Park, Inc at Cape Cod

OWNER/MANAGER: H. Wayne Klekamp

ADDRESS: 46 Highland Road North Truro, MA 02652

PHONE #: 508-487-1847 NUMBER OF UNITS: _____

CONTACT PERSON: James Bourne

ADDRESS: _____

TESTING COMPANY: Ralph J Perry

TESTING ELECTRICIAN/TECHNICIAN: _____

COMPANY PHONE #: _____ HOME PHONE #: _____

LICENSE #: _____

The fire protection system (s) including, but not limited to, (Sprinkler Systems) (Range Hood Systems) (Fire Extinguishers) (Type I II III Fire Alarm Systems) (C.O. Detectors) at the above mentioned business address, were tested, (CERTIFIED) the add parts of the systems, were found to be, or corrected to be, fully operational.

COMMENTS: _____

DATE OF CERTIFICATION: _____ BY: see attached
Signature of Licensed Electrician

THIS REPORT MUST BE FILLED OUT AND SUBMITTED, PRIOR TO THE ISSUANCE OF,
OR RENEWAL OF A LICENSE TO OPERATE WITHIN THE TOWN OF TRURO.



Protecting New England. Because so much is at stake.

MEDFORD • AGAWAM • HYANNIS • SMITHFIELD • MANCHESTER

Work Order Report

HEALTH DEPARTMENT
TOWN OF TRURO

OCT 28 2019

RECEIVED BY:

Work Order Details:

Account Name: Adventure Bound

Site Address: 46 Highland Road, North Truro, MA 02652

Work Order Number: WO-00141661

Products:

Product Name:	Equipment #:	Equipment Location:
Portable Fire Extinguisher	FE 00075201	Building

Description:

Purpose of Visit: PM Inspection

Worked Performed:

Work Performed: Inspected 8 extinguishers. Serviced 1-5#abc for hydro

Technician Information:

Item	Technician Name	Hours
1	Mike Holubesko	1
2	Hyannis Labor	1

Closed On: Oct 10, 2019

Signature:

Date: Oct 10, 2019

TOTAL # OF EXTINGUISHERS – 8

EXTINGUISHERS DUE SERVICE NEXT YEAR – 1

New Equipment -

DRY CHEM 2.5 ABC		DRY CHEM 5 ABC		DRY CHEM 10 ABC		DRY CHEM 20 ABC	
DRY CHEM 10 BC		DRY CHEM 20 BC		DRY CHEM 10 PK		DRY CHEM 20 PK	
CO2 5lb		CO2 10lb		CO2 15.5lb		CO2 20lb	
Pressurized Water		K Class		Halotron 2.5lb		Halotron 5lb	
Halotron 11lb		Halotron 15lb		Emergency Lights		Exit Lights	
Other							

Inspection/Recertification –

DryChem	8	KClass		Pressurized Water		Halotron	
CO2		Conductivity Test		Wheeled Unit		Emergency Light	
Exit Light		Other Insp					

Recharges –

Dry Chem 2 1/2 lb		Dry Chem 5 lb	1	Dry Chem 10lb		Dry Chem 20lb	
CO2 5 lb		CO2 10 lb		CO2 15 lb		CO2 20 lb	
Pressurized Water		K Class .61		2,5G		Halotron 2.5 lb	
Halotron 5 lb		Halotron 11 lb		Halotron 15.5 Lb		Conductivity Tests	

Service –

6 YR Maintenance Halotron		Hydrotest Dry Chem	1
6 YR Maintenance Other		Hydrotest Other	

Parts –

Service Collar	1	ORing	1	Check Stem		Pull Pin	
Vehicle Bracket		Heavy Duty Bracket		Batteries		Battery Disposal	
Wall Hook		M1 - 5lb		M2 -10lb		20lb	
Bulbs		Replacement Cover		Gauge		FEC Cover	
Other Parts		DOT		OSHA		PWM 90	
BL Series Vinyl		Type					
RP Series Plastic		Types					

FIRE EXTINGUISHERS ARE IN COMPLIANCE WITH NFPA 10 CODE –

Recommendations -

Comments -



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004, Extension: 10 or 24 Fax: 508-349-5505

TAX STATUS REQUEST FOR LICENSING

Date 10/30/2019

Request is coming from the Selectmen's Office _____ Health Office X

Owner's Name

Business Name North Truro Camping Area

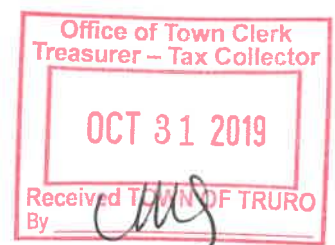
Residential Address 46 Highland Rd

Map and Parcel 36 - 174

Please verify whether the Real Estate and Personal Property taxes to this property are up to date for the current fiscal year. *All set through FY 19.*


Tax Collector's Signature

10/31/2019
Date



Number: 2020-021B

Fee \$75.00

Town of Truro Board of Health
24 Town Hall Road, Truro, MA 02666
Permit To Operate A Food Establishment

In accordance with Regulations promulgated under authority of Chapter 111, Section 127A of the General Laws a Permit is hereby granted to:

Wayne Klekamp, mgr., d/b/a Adventure Bound Camping Resort at Horton's
Highland Dairy General Store

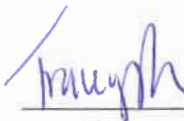
Whose place of business is **67 South Highland Rd**

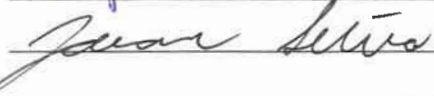
Type of business and any restrictions **General Store (prepackaged & microwave food items/dry goods)**


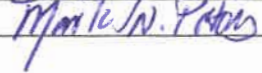
To operate a food establishment in **Truro**

Permit Expires: **December 31, 2020**

Date Issued:





Truro Board of Health

Number: 2020-021A

Fee: \$50.00

Town of Truro Board of Health
24 Town Hall Road, Truro, MA 02666
Campground

This is to certify that

**Wayne Klekamp, mgr., d/b/a Adventure Bound Camping Resort
at Hortons**

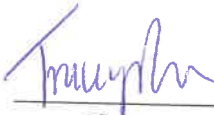
67 South Highland Rd


Has Been Granted A License to Operate **Recreational Camps, Overnight Camps or Trailer
Coach Parks**

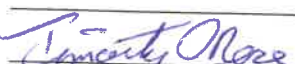
This license is issued in conformity with the authority granted to the Truro Board of Health, by Chapter 140, Sections 32A, 32B, 32C, 32D, 32E as amended, and is subject to the provisions of the Laws of the Commonwealth of Massachusetts relating thereto, and upon such terms and conditions, and to the rules and regulations in regard to said Camps or Cabins so licensed as adopted by the Truro Board of Health and expires **December 31, 2020** unless sooner suspended or revoked.


Date

#of units: **218 sites**









Truro Board of Health

Section 3 - MANAGER INFORMATION

Check if New Manager (if checked, MUST submit Application to Name a Manager)

Name of Onsite Manager:


Name: James Bourne

Unit Number: _____

Mailing Address: 67 Highland Road North Truro, MA 02652

Phone: (24 Hour Contact): _____

Email Address: manager@abcapecod.com


Manager's Signature (REQUIRED)

Name of Offsite Manager:

Name: _____

Business Name: _____

Business Address: _____

Phone: (24 Hour Contact): _____

Email Address: _____

Manager's Signature (REQUIRED)

Name of Co- Manager:

Name: _____

Business Name: _____

Business Address: _____

Phone: (24 Hour Contact): _____

Email Address: _____

Co-Manager's Signature (REQUIRED)

Section 4 - ATTESTATION

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all local state taxes required under law and the information I have provided is true and accurate. Any misstatement in this application, or violation of state or applicable town bylaws or regulations, shall be considered sufficient cause for refusal, suspension or revocation of the license.

Signature of Applicant

H. WAYNE KUZATP II

Print Name

10.4.19

Date

Additional Applications & Documentation

REQUIRED FOR ALL MOTELS, COTTAGE COLONIES, CONDOMINIUMS & CAMPGROUNDS

- Smoke detector/fire protection certification
- IF YOU HAVE EMPLOYEES- Workers Compensation Affidavit & Certificate of Insurance
- IF YOU DO NOT HAVE EMPLOYEES- Workers Compensation Affidavit
- Business certificate with the clerk's office

ADDITIONAL (SEPARATE) APPLICATIONS THAT MAY PERTAIN TO YOUR OPERATION

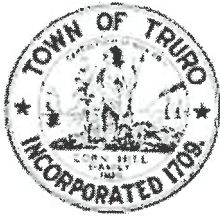
- Application for Pool or Hot Tub Permit
 - Application to Name a Manager
 - Entertainment License
 - Application to sell Tobacco
 - Application for Food Service Permit
- (rev 9/2017)

OCT 28 2019

RECEIVED BY:
#2020-021B

\$75.00

PAID
\$50.75



**Town of Truro
Board of Health**

24 Town Hall Road, P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004, Extension: 131 Fax: 508-349-5508
Email: ebeebe@truro-ma.gov or adavis@truro-ma.gov

APPLICATION FOR FOOD SERVICE – COMMON VICTUALER

New Renewal

Section 1 – License Type

Type of License: Food Service Common Victualer

Type of Food Service Establishment:

- Food Service (restaurant or take out)
- Retail Food (commercially prepared foods)
- Residential Kitchen
- Bed & Breakfast w/Continental Breakfast
- Catering
- Manufacturer of Ice Cream/Frozen Dessert
- Bakery

Section 2 – Business/Owner/Manger Information

Federal Employers Identification Number (FEIN/SS) 31-1365776

Business Name: A/C Mobile Home Park Inc at Horton's

Owner Name: H. Wayne Klekamp Email Address: ap@abcamping.com

Mailing Address: 905 16th Place Vero Beach, FL 32960

Phone No: [REDACTED]

Person Directly Responsible for Daily Operations: (Owner, Person In Charge, Supervisor, Manager)

Name: James Bourne Email Address: manager@abcapecod.com

Mailing Address: 67 Highland Road North Truro, MA 02652

Phone No: 508-487-1847 24 Hour Emergency: _____

Section 3 – Business Operation Details

Number of Seats: Inside: 0 Outside: _____ Number of Employees: 0

Length of Permit: Annual Seasonal Operation

Hours of Operation: 8 To 8

Days Closed Excluding Holidays: none

If Seasonal: Approximate Dates of Operation: 04 / 01 / 2020 To 11 / 09 / 2020

Certified Food Manager(s) (attach copy): (at least 1 full-time equivalent PER SHIFT required)

Allergen Awareness Certification (attach copy):

Has your menu changed from last year? Yes No

If yes please attach copy of menu or provide description of food to be prepared and sold:

Section 4 - Attestation

Attestation

I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the food service establishment as specified under § 8-402.11. I affirm that the food establishment operation will comply with 105 CMR 590.000, Truro Board of Health Regulation Section X, Food Service Regulations and all other applicable laws. Pursuant to MGL Ch. 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state and local taxes required by law.

Signature of Applicant: _____ **Date:** 10.4.19

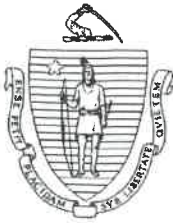
Application Checklist:

- Food Service Permit Application**
- Smoke Detector/Fire Protection Certification**
- Workers Compensation Affidavit/Certificate of Insurance**
- Copy of Inspection of Kitchen Equipment: Commercial Hood and Ventilation System Report**
- Copy of Service report of mechanical washing equipment (Dishwasher)**
- Copy of ServSafe Certification and Allergy Awareness**
- Copy of Choke Saver (for food service establishment w/seating capacity of 25 or more)**

FOR HEALTH DEPARTMENT USE ONLY

Comments: _____

Review by _____ Date _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: A/C Mobile Home Park, Inc at Horton's

Address: 67 Highland Road

City/State/Zip: North Truro, MA 02652

Phone #: 508-487-1847

Are you an employer? Check the appropriate box:

1. I am a employer with seasonal employees (full and/or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other campground

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: National Casualty Company

Insurer's Address: 1100 Locust Street

City/State/Zip: Des Moines, IA 50391

Policy # or Self-ins. Lic. #

Expiration Date: 04/01/2020

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____

Date: 10.22.19

Phone #: _____

772 584 3628

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____

Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/22/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER K&K INSURANCE GROUP, INC. P.O. BOX 2338 FORT WAYNE, IN 46801		CONTACT NAME: LEISURE	
		PHONE (A/C, No, Ext): 877-355-0315	FAX (A/C, No): 260-459-5990
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: NATIONAL CASUALTY COMPANY	NAIC # 11991
		INSURER B: NATIONAL CASUALTY COMPANY	11991
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
H. WAYNE KLEKAMP, INC. (SEE SCHEDULE)
DBA : ADVENTURE BOUND CAMPING RESORTS
905 16TH PL
VERO BEACH, FL 32960

COVERAGES **CERTIFICATE NUMBER:** C99798 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			[REDACTED]	4/1/2019 12:01 AM	4/1/2020 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$300,000 MED EXP (Any one person) EXCLUDED PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE PRODUCTS - COMPI/OP AGG \$5,000,000 LEGAL LIAB TO PARTICIPANTS PROFESSIONAL LIABILITY
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	4/1/2019 12:01 AM	4/1/2020 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			[REDACTED]	4/1/2019 12:01 AM	4/1/2020 12:01 AM	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[REDACTED]	4/1/2019 12:01 AM	4/1/2020 12:01 AM	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
	PARTICIPANT ACCIDENT						AD&D Primary Medical Excess Medical Weekly Indemnity

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PROOF OF COVERAGE

RE: CAPE COD - NORTH TRURO: 42-44-46-48-67 HIGHLAND ROAD, NORTH TRURO, MA 02652
CAPE COD - HORTONS: 67-71 SOUTH HIGHLAND ROAD, NORTH TRURO, MA 02652

HEALTH DEPARTMENT
TOWN OF TRURO
OCT 29 2019
RECEIVED BY

CERTIFICATE HOLDER **CANCELLATION**

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Scott Paul</i>



TRURO FIRE RESCUE
Truro Public Safety Facility
344 Route 6 Truro, MA 02666

HEALTH DEPARTMENT
TOWN OF TRURO

OCT 29 2019

RECEIVED BY

FIRE PROTECTION SYSTEMS
ANNUAL TEST REPORT

BUSINESS NAME: A/C Mobile Home Park, Inc at Horton's

OWNER/MANAGER: H. Wayne Klekamp

ADDRESS: 67 Highland Road North Truro, MA 02652

PHONE #: 508-487-1847 NUMBER OF UNITS: _____

CONTACT PERSON: James Bourne

ADDRESS: _____

TESTING COMPANY: Ralph J Perry

TESTING ELECTRICIAN/TECHNICIAN: _____

COMPANY PHONE #: _____ HOME PHONE #: _____

LICENSE #: _____

The fire protection system (s) including, but not limited to, (Sprinkler Systems) (Range Hood Systems) (Fire Extinguishers) (Type I II III Fire Alarm Systems) (C.O. Detectors) at the above mentioned business address, were tested, (CERTIFIED) the add parts of the systems, were found to be, or corrected to be, fully operational.

COMMENTS: _____

DATE OF CERTIFICATION: _____ BY: see attached

Signature of Licensed Electrician

THIS REPORT MUST BE FILLED OUT AND SUBMITTED, PRIOR TO THE ISSUANCE OF, OR RENEWAL OF A LICENSE TO OPERATE WITHIN THE TOWN OF TRURO.



Protecting New England. Because so much is at stake.

MEDFORD • AGAWAM • HYANNIS • SMITHFIELD • MANCHESTER

Work Order Report

HEALTH DEPARTMENT
TOWN OF TRURO

OCT 29 2019

RECEIVED BY:

Work Order Details:

Account Name: Horton Camp Resort
Site Address: Highland Road, North Truro, MA 02652
Work Order Number: WO-00141782

Products:

Product Name:	Equipment #:	Equipment Location:
Portable Fire Extinguisher	FE 00075202	Building

Description:

Purpose of Visit: PM Inspection

Worked Performed:

Work Performed: Inspected 5 extinguishers. Serviced 1-10#abc for hydro

Technician Information:

Item	Technician Name	Hours
1	Mike Holubesko	1
2	Hyannis Labor	1

Closed On: Oct 10, 2019

Signature:

Date: Oct 10, 2019

TOTAL # OF EXTINGUISHERS – 5

EXTINGUISHERS DUE SERVICE NEXT YEAR – 0

New Equipment -

DRY CHEM 2.5 ABC		DRY CHEM 5 ABC		DRY CHEM 10 ABC		DRY CHEM 20 ABC	
DRY CHEM 10 BC		DRY CHEM 20 BC		DRY CHEM 10 PK		DRY CHEM 20 PK	
CO2 5lb		CO2 10lb		CO2 15.5lb		CO2 20lb	
Pressurized Water		K Class		Halotron 2.5lb		Halotron 5lb	
Halotron 11lb		Halotron 15lb		Emergency Lights		Exit Lights	
Other							

Inspection/Recertification -

Dry Chem	5	K Class		Pressurized Water		Halotron	
CO2		Conductivity Test		Wheeled Unit		Emergency Light	
Exit Light		Other Insp					

Recharges -

Dry Chem 2 1/2 lb		Dry Chem 5 lb		Dry Chem 10lb	1	Dry Chem 20lb	
CO2 5 lb		CO2 10 lb		CO2 15 lb		CO2 20 lb	
Pressurized Water		K Class .61		2,5G		Halotron 2.5 lb	
Halotron 5 lb		Halotron 11 lb		Halotron 15.5 Lb		Conductivity Tests	

Service -

6 YR Maintenance Halotron		Hydrotest Dry Chem	1
6 YR Maintenance Other		Hydrotest Other	

Parts -

Service Collar	1	O Ring	1	Check Stem		Pull Pin	
Vehicle Bracket		Heavy Duty Bracket		Batteries		Battery Disposal	
Wall Hook		M1 - 5lb		M2 -10lb		20lb	
Bulbs		Replacement Cover		Gauge		FEC Cover	
Other Parts		DOT		OSHA		PWM 90	
BL Series Vinyl		Type					
RP Series Plastic		Types					

FIRE EXTINGUISHERS ARE IN COMPLIANCE WITH NFPA 10 CODE -

Recommendations -

Comments -

HEALTH DEPARTMENT
TOWN OF TRURO

OCT 29 2019

RECEIVED BY



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004, Extension: 10 or 24 Fax: 508-349-5505

TAX STATUS REQUEST FOR LICENSING

Date 10/30/2019

Request is coming from the Selectmen's Office _____ Health Office X

Owner's Name _____

Business Name Adventure Bound Camping Resort at Horton's

Residential Address 67 South Highland Rd

Map and Parcel 37 - 15

Please verify whether the Real Estate and Personal Property taxes to this property are up to date for the current fiscal year. *All set through FY19*

Molly Steinem
Tax Collector's Signature

10/31/2019
Date

