

Date of Application _____

APPLICATION FOR RECREATIONAL BATHING FACILITY LICENSE

Name of Facility _____

Legal Name of Applicant (owner of facility) _____

Address of Applicant _____

Mailing Address of Facility _____

Physical Address of Facility _____

Name of Trained Pool Operator currently employed _____

Training source: _____ Date of Training _____

Phone number of CPO _____

Facility type: (check one per application)

☐ Swimming pool

☐ Baby/wading pool

☐ Spa or hot tub

<p>Pool Features</p> <p>Pool/spa volume (gal) _____</p> <p>Pool/spa surface area (sq.ft.) _____</p> <p><u>Water Supply</u> (check one)</p> <p><input type="checkbox"/> City <input type="checkbox"/> Private Well <input type="checkbox"/> Other</p> <p><u>Drinking Water Supply</u> (circle one)</p> <p><input type="checkbox"/> City <input type="checkbox"/> Private Well</p>	<p>Operation: (check one)</p> <p><input type="checkbox"/> Seasonal Only <input type="checkbox"/> Year Round</p> <table border="1"> <tr> <th colspan="2">Type of Application</th></tr> <tr> <td><input type="checkbox"/></td><td>Original</td></tr> <tr> <td><input type="checkbox"/></td><td>Renewal</td></tr> <tr> <td><input type="checkbox"/></td><td>Notification of name/address change</td></tr> <tr> <td><input type="checkbox"/></td><td>Reporting inactive facility</td></tr> <tr> <td><input type="checkbox"/></td><td>Reactivation of inactive facility</td></tr> </table>	Type of Application		<input type="checkbox"/>	Original	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Notification of name/address change	<input type="checkbox"/>	Reporting inactive facility	<input type="checkbox"/>	Reactivation of inactive facility
Type of Application													
<input type="checkbox"/>	Original												
<input type="checkbox"/>	Renewal												
<input type="checkbox"/>	Notification of name/address change												
<input type="checkbox"/>	Reporting inactive facility												
<input type="checkbox"/>	Reactivation of inactive facility												

I hereby certify that the information I have supplied above is true and correct.

Authorized signature _____ Date _____

Please submit a fee of \$625 for each individual pool or spa/hot tub along with this form per year.