

*** APPLICATIONS AND FEES SHALL BE SUBMITTED BY APRIL 1st OF THE LICENSING YEAR ***

YEAR _____ (May 1 through April 30)

Check One: Initial Application Annual Renewal Change of Owner

NOTE: THIS APPLICATION DOES NOT INCLUDE RETAIL ESTABLISHMENT, FOOD OR BEVERAGE MACHINE AND RETAIL MOBILE UNITS ALL OF WHICH ARE LICENSED SEPARATELY. PLEASE REQUEST THE APPROPRIATE APPLICATION.

1. **TRADING NAME OF POOL:** _____
CORPORATE NAME (if different): _____
2. **LOCATION OF POOL:** _____
MAILING ADDRESS (if different): _____
PHONE: _____ **EMAIL:** _____
3. **NAME(S) OF OWNER(S) [Person, Corporation, Partnership, etc.]:** _____

ADDRESS: _____
PHONE: _____ **EMAIL:** _____
TYPE OF POOL (PUBLIC, CLUB, ETC.): _____

1. **PERSON IN CHARGE OF POOL:** _____
2. **HOURS OF OPERATION: OPEN _____ TO _____ ESTIMATED DAILY ATTENDANCE _____**
3. **DURATION OF SEASON (FROM-TO):** _____
4. **DO YOU EVER HOLD SPECIAL EVENTS OUTSIDE OF THE REGULAR HOURS OF OPERATION STATED ABOVE? LIST OF SUCH EVENTS:** _____
5. **DO YOU EVER RENT THE POOL TO NON-MEMBERS? YES NO**
IF YES, WHO DO YOU TYPICALLY RENT TO AND WHAT ARE THE NORMAL CHARGES?

6. **NUMBER OF LIFEGUARDS REGULARLY EMPLOYED DURING THE SEASON:** _____
7. **NAME OF THE SENIOR CERTIFIED LIFEGUARD:** _____
8. **LABORATORY USED FOR POOL ANALYSIS:** _____
ADDRESS _____ PHONE _____

FEE: (CHECK ONLY ONE; FILL IN THE BLANKS/TOTALS WHERE APPLICABLE)

<input type="checkbox"/> Commercial Pools (includes health clubs, gyms, and spas)	\$ 250.00
<input type="checkbox"/> Hotel/Motel Pools (indoor and outdoor)	\$ 250.00
<input type="checkbox"/> Non-profit swim clubs	\$ 10.00
<input type="checkbox"/> Other swim clubs	\$ 150.00

Total Remitted \$ _____

IF YOU INTEND TO FILE AS A NON-PROFIT ORGANIZATION, YOU MUST SUPPLY A
NON-PROFIT REGISTRATION NUMBER FOR CONSIDERATION FOR NON-PROFIT FEES

Non-Profit Registration Number: _____ State _____ County _____

THE UNDERSIGNED AGREES TO OPERATE THE AFOREMENTIONED SWIMMING POOL IN
ACCORDANCE WITH ALL FEDERAL, STATE, COUNTY AND TOWNSHIP LAWS,
ORDINANCES AND REGULATIONS

APPLICANT'S NAME _____ SIGNATURE _____