



Mayor
Susan Shin Angulo

Patti Chacker
Township Clerk
Registrar of Vital Statistics

APPLICATION FOR SWIMMING POOL LICENSE

YEAR _____ (May 1 through April 30)

APPLICATIONS AND FEES ARE DUE MAY 1st OF THE LICENSING YEAR

Check One:

Initial Application _____

Annual Renewal _____

Change of Owner _____

Total Remitted \$ _____

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: _____ **FAX:** _____ **EMAIL:** _____

3. **NAME(S) OF OWNER(S) [Person, Corporation, Partnership, etc.]:**

ADDRESS: _____

PHONE: _____ **FAX:** _____

DO NOT COMPLETE – FOR OFFICE USE ONLY		
LICENSE NUMBER: _____	CODE NO. _____	TYPE OF BUSINESS: _____
CHECK ISSUED BY: _____	RECEIPT NO. _____	CHECK NO. _____
AMOUNT OF CHECK: _____	DATE RECEIVED: _____	
FEE RECEIVED BY: _____	ORDINANCE REFERENCE _____	

4. TYPE OF POOL (PUBLIC, CLUB, ETC.): _____
5. PERSON IN CHARGE OF POOL: _____
6. HOURS OF OPERATION: OPEN ____ TO ____ ESTIMATED DAILY ATTENDANCE _____
7. DURATION OF SEASON (FROM-TO): _____
8. DO YOU EVER HOLD SPECIAL EVENTS OUTSIDE OF THE REGULAR HOURS OF OPERATION STATED ABOVE? YES ___ NO ___ LIST OF SUCH EVENTS: _____
9. 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? _____
10. NUMBER OF LIFEGUARDS REGULARLY EMPLOYED DURING THE SEASON: _____
11. NAME OF THE SENIOR CERTIFIED LIFEGUARD: _____
12. LABORATORY USED FOR POOL ANALYSIS: _____
ADDRESS _____ PHONE _____

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

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** _____

- | | | |
|--------------------------|--|-----------|
| <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 |

(PLEASE NOTE: All Licenses are assessed a late fee if renewed after May 31st)

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** _____