



# TOWNSHIP of MONTGOMERY

SOMERSET COUNTY

## DEPARTMENT OF HEALTH

Also serving the Boroughs of Hopewell, Pennington & Rocky Hill

2261 Route 206 Belle Mead, New Jersey 08502

Phone: 908-359-8211 Fax: 908-359-4308 Email: [Health@twp.montgomery.nj.us](mailto:Health@twp.montgomery.nj.us)

### APPLICATION FOR LICENSE TO OPERATE A PUBLIC SWIMMING FACILITY

*(Complete Both Sides of Form – Print Clearly)*

APPLICANT/CORPORATION NAME: \_\_\_\_\_

APPLICANT/CORPORATION MAILING ADDRESS: \_\_\_\_\_

APPLICANT/CORPORATION TELEPHONE NUMBER: \_\_\_\_\_

POOL LOCATION ADDRESS: \_\_\_\_\_

PHONE NUMBER AT POOL: \_\_\_\_\_

NAMES OF LIFEGUARDS (attach certificates)	FIRST AID (attach certificates)	CPR (attach certificates)

LIST THE NAME(S) OF DESIGNATED ADULT SUPERVISOR(S):

\_\_\_\_\_

\_\_\_\_\_

*(Complete Both Sides of Form)*

LIST NAME(S) OF CERTIFIED POOL OPERATOR(S) & ATTACH CERTIFICATE(S):

\_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

PROVIDE A CONTACT EMAIL ADDRESS FOR CERTIFIED POOL OPERATOR(S):

\_\_\_\_\_

LIST NAME, ADDRESS, & PHONE NUMBER OF THE CERTIFIED LAB WHO WILL BE TAKING THE WEEKLY WATER SAMPLES:

\_\_\_\_\_

\_\_\_\_\_

**LICENSE FEE: \$300.00** (Make check payable to: *Township of Montgomery*)

POOL LICENSE EXPIRES ANNUALLY ON MAY 1st.

**BE SURE TO ATTACH YOUR SCHEDULED HOURS OF OPERATION**

LICENSE NO.: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_