LICENSE FEE: $350.00 DATE OF ISSUE: LICENSE #:

East Hanover Township Health Department
411 Ridgedale Avenue
East Hanover, NJ 07936
Phone: 973-428-3035 **Fax:973-428-2986**

APPLICATION TO OPERATE A PUBLIC RECREATIONAL BATHING PLACE

Name of Facility: Facility Phone:

Address of Facility:

Operator's Name: Operator's Phone:

Operator's Fax:

Operator's Address:

CPO's Name: CPO's Certification #:

CPO's Phone: Date Certified:

Laboratory Name: Lab Phone:

List Each Pool/Water Body Present (attach additional sheets if necessary):

Type (pool, wading pool, spa, hot tub) ***Volume(gal)*** ***Method of Disinfection***

Operator's Certification:

I understand that the above referenced recreational bathing facility is being licensed under Chapter IX of the NJ State Sanitary Code (NJAC 8:26-1 et seq.) and the Ordinances of the Township of East Hanover. I am familiar with the requirements of Chapter IX and the Ordinances of the Township and hereby agree to at all times operate this facility in conformance with the purposed intent and provisions of Chapter IX of the NJ State Sanitary Code and the Ordinances of the Township of East Hanover. I have reviewed this application and certify that it is true and correct.

Signature of Operator: Date:

Print Name: Title: