

CARLSTADT BOARD OF HEALTH
500 Madison Street
Carlstadt, NJ 07072-0466
201-939-2856

PUBLIC SWIMMING POOL PERMIT APPLICATION

Date: _____

Check One: New Application _____ Renewal: _____ Alterations: _____

Trade or Store Name: _____

Address of Establishment to be licensed: _____

Telephone # of Establishment: _____

Owners
Name: _____

Billing
Address: _____

Telephone#: _____

Type of Facility: _____

This license must be renewed prior to May 15

No business may be carried on until the Board of Health gives approval.

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE HEALTH DEPARTMENT CODE AND I OR AMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED. IT IS FURTHER AGREED THAT I, OR WE, WILL SURRENDER THIS LICENSE, IF GRANTED TO THE DEPARTMENT OF HEALTH OF CARLSTADT ON DEMAND.

Signature of Owner/Manager)

FOR HEALTH DEPARTMENT USE ONLY:

Check # _____ Date Paid: _____ License # _____ Fee Paid _____

L _____ C _____

