

**CARLSTADT BOARD OF HEALTH**  
**500 Madison Street**  
**Carlstadt, NJ 07072-0466**  
**201-531-7182**

**2014 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#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Type of Facility: \_\_\_\_\_

**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 CARLSTADT HEALTH DEPARTMENT ON DEMAND.

\_\_\_\_\_  
**Signature of Owner/Manager)**

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**FOR HEALTH DEPARTMENT USE ONLY:**

Check # \_\_\_\_\_

Fee: \$250.00

License # \_\_\_\_\_