



TOWNSHIP of MONTGOMERY

SOMERSET COUNTY

DEPARTMENT OF HEALTH

Serving Hopewell Borough & Pennington Borough

2261 Route 206 Belle Mead, New Jersey 08502

Phone: 908-359-8211 Fax: 908-359-4308 Email: 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) |
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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: _____