



2020_ APPLICATION TO OPERATE A RECREATIONAL BATHING FACILITY

ESTABLISHMENT NAME & ADDRESS _____

MAIN CONTACT & PHONE _____

EMERGENCY CONTACT INFO _____

MGMT/OWNER PHONE/EMAIL _____

POOL MGMT CO PHONE/EMAIL _____

TRAINED POOL OPERATOR _____ ID# _____

TPO PHONE _____ LIFEGUARD(s) _____ AGE _____

(use back of sheet for additional lifeguards. Submit copies of up to date certifications in CPR, First Aid and Lifeguarding/lifesaving)
 May be submitted during pre-operational inspection.

WILL THERE BE A GATE GUARD? _____

SEASON _____ to _____ HOURS OF OPERATION _____ A.M. to _____ P.M.

CERTIFIED WATER TESTING LAB (Eurofins not accepted) _____

DISINFECTING METHOD (circle all that apply) **CHLORINE** **BROMINE** **TYPE** **LIQUID** **TABLETS**

List all indoor pool, outdoor pool, wading pool, spa, whirlpool, beach, lake:

TYPE OF BATHING FACILITY _____ # OF GALLONS _____ Sq Ft _____

TYPE OF BATHING FACILITY _____ # OF GALLONS _____ Sq Ft _____

LIST ANY EQUIPMENT THAT HAS BEEN REPLACED OR CHANGED SINCE LAST YEAR.

VGB MAIN DRAIN COVERS IN POOL/SPA EXPIRATION DATE _____

ANNUAL LICENSE FEE PER POOL-WADING POOL-WHIRLPOOL-SPA -BEACH-LAKE \$100.00

AMOUNT ENCLOSED _____

The undersigned agrees to operate the aforementioned swimming facility in accordance with the provisions of Chapter 434 of the Code of the Township of Montville, entitled, "Swimming Pools" and the NJ State Sanitary code entitled, "Chapter IX, Recreational Bathing Code," adopted by the Board of Health of the Township of Montville. Failure to comply with these Codes and Ordinances may result in suspension of the permit to operate the facility and/or fines being imposed.

 OWNER/AGENT

 (signature)

Office Use Only

Issuing Date _____

Expiration Date _____

License # _____ Fee _____