

License Number: _____	Application FOR OFFICE USE ONLY	Date of Issue: _____
	Fee: _____	

**TOWNSHIP OF HANOVER HEALTH DEPARTMENT**  
**P.O. BOX 250, 1000 ROUTE 10**  
**WHIPPANY, NEW JERSEY 07981**  
**Tel: (973) 515-6667 Fax: (973) 515-3772**

Application for a License to:  
**Operate a public Recreational Bathing Place**

New Application

Renewal

**A fee of \$300.00 for each pool and/or hot tub/spa shall be charged.**

\*Hospitals, churches, non-profit schools, or any organization, society or group whose purpose does not include profit are exempt from the fee.

Date \_\_\_\_\_ 20\_\_\_\_

Fee Enclosed \_\_\_\_\_

***I. About the Facility***

Name of the Bathing Facility:	
Address of the Bathing Facility:	
Type of Facility:	Public <input type="checkbox"/> Club <input type="checkbox"/> Hotel <input type="checkbox"/> Other <input type="checkbox"/> (describe):
Contact Information	Phone: _____ Fax: _____ E-mail: _____
Check all that apply	Indoor: pool <input type="checkbox"/> wading pool: <input type="checkbox"/> hot tub/spa: <input type="checkbox"/> Outdoor: pool: <input type="checkbox"/> wading pool: <input type="checkbox"/> hot tub/spa: <input type="checkbox"/>
	Operated seasonally: <input type="checkbox"/> Operated all year: <input type="checkbox"/>
If seasonal, specify operating season	
Hours of operation	Open: _____ Close: _____
Estimated daily attendance	
Size of the main pool (square feet)	
Type of disinfectant(s) used	
Pool	
Hot tub/spa	
Source of pool water	Public water supply <input type="checkbox"/> private well <input type="checkbox"/>
Where is filter backwash and pool water discharged?	

***II. About the Ownership***

Name and address of the facility owner:	
Contact Information	Phone: _____ Fax: _____ E-mail: _____

**III. Supervision of the facility**

Name of Adult Supervisor	
<b>Trained Pool Operator Name, address and phone number</b>	
<b>Certification # and Expiration Date</b>	

**IV. Bonding and Grounding - Certificates must be issued by the Township of Hanover Building Department 973-428-2462. MUST INCLUDE PHOTO COPIES OF THE MOST RECENT CERTIFICATES (BONDING & GROUNDING AND ELECTRICAL) WITH THIS APPLICATION**

Valid Bonding & Grounding Certificate (valid for a 5 year period) Date Issued -	
Valid Electrical Certificate (renewed annually) Date Issued -	

**V. Voluntary enactment of 8:26-5.1? (specially exempt facility: exempt from mandatory first aid personnel and lifeguard requirements) Yes  No**

**VI. Virginia Graeme Baker (VGB) data sheet for main drain anti-entrapment covers completed and submitted: \_\_\_\_\_ Expiration date: \_\_\_\_\_**

*Certification of Application*

In consideration of the issuance of such license, the applicant agrees to comply at all items with State Statutes, the Code of the Township of Hanover, and all rules and regulations of the State of New Jersey and the Township of Hanover Health Department governing the operation of public recreational bathing facilities.

The applicant certifies that to his knowledge, the above information is true and accurate. The applicant further agrees to immediately inform the Township of Hanover Health Department of any contemplated change of the above stated information, or in the operation of the facility.

This license, if granted, is issued upon the express condition that the same is subject to forfeiture or revocation in the event that the applicant or operator shall violate any of the agreements herein set forth.

\_\_\_\_\_

Print Name of Applicant

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Print Title of Applicant