

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	
Trained Pool Operator Name, address and phone number	
Certification # and Expiration Date	

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