



**Freehold Township Health Department
One Municipal Plaza
Freehold, NJ 07728**

APPLICATION FOR SWIMMING POOL LICENSE

This application must be renewed annually and accompanied by a \$500.00 fee.

Pool Name: _____ Address: _____

Owners Name: _____ Phone Number: _____

Address: _____

Date of Opening _____ Duration of Season: _____ Pool Hours of Operation: _____

Filter Backwash Discharge To: _____

Number of Lifeguards: _____ Certified By: _____

Additional Pools: Wading _____ Diving _____ Other _____

Pool Dimensions: _____ Capacity: _____

Type of Water Treatment: _____ Potential Patronage: _____

Adult Supervisor _____ Pool Director >2000 SqFt _____

Specially Exempt Facility: Yes _____ NO _____

Trained Pool Operator: Name _____ Phone Number _____

Date of Training: ____/____/____ Name of Pool Company _____

Certified Laboratory Conducting Water Analyses: Name _____

Phone Number _____

Please check **one**. NRPA NSPF YMCA NPSI ASPSA

Food/Drink sold or served on premises: Yes No

I, the undersigned, agree to operate the aforementioned swimming pool in accordance with the provisions of Freehold Township's Swimming Pool Code (FT Ordinance 389-1)

Signature: _____ Date: _____

Title: _____

Health Dept. Use Only:

Application Received: _____ Electrical Approval: _____

Check # _____ Date License Issued: _____