



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.*

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Duration of Season: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Filter Backwash Discharge To: \_\_\_\_\_

Number of Lifeguards: \_\_\_\_\_ Certified By: \_\_\_\_\_

Additional Pools: Wading \_\_\_\_\_ Diving \_\_\_\_\_ Other \_\_\_\_\_

Pool Dimensions: \_\_\_\_\_ Capacity: \_\_\_\_\_

Water Treatment: \_\_\_\_\_ Patronage: \_\_\_\_\_

Other: \_\_\_\_\_

Certified Laboratory Conducting Water Analyses (name, address, phone number):  
\_\_\_\_\_

Name of Certified Pool Operator: \_\_\_\_\_

Date of Certification: \_\_\_\_/\_\_\_\_/\_\_\_\_

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, Ordinance BH:4.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Health Dept. Use Only:

Application Received: \_\_\_\_\_

Electrical Approval: \_\_\_\_\_