

**SOUTH BRUNSWICK TOWNSHIP
HEALTH DEPARTMENT**

2022

**License Application to Operate Public
Recreational Bathing Facility**

Date Paid _____
Amount Received _____
Check # _____ Cash _____
Receipt # _____
License # _____

Type: Indoor Pool _____ Outdoor Pool _____ Wading Pool _____ (no charge)
Indoor Spa _____ Outdoor Spa _____ Spray Park _____ (no charge)
Hours of Operation: _____

Location: _____
Name _____ Address _____ Phone # _____

Owner: _____
Name _____ Address _____ Phone # _____

Pool Management
Company: _____
Name _____ Address _____ Phone # _____

Trained Pool
Operator: _____
Individual's Name _____ Address _____ Phone # _____

Designated Adult
Supervisor: _____
Name _____ Address _____ Phone # _____

❖ **Seasonal facilities will require a pre-operational inspection prior to issuance of this license. Pre-operational inspections can only be scheduled if the pool or spa has a valid Code Enforcement Certificate of Approval for the annual electrical inspection.**

❖ **Pool/Wading Pool/Spa drain cover expiration dates:** _____
Attach receipts and the Drain Cover Replacement Form if covers have been replaced since last year.

Specially Exempt Facilities only:

Check if requesting an exemption from First Aid & Lifeguard Requirements.

Return completed original signed License Application AND Drain Cover Replacement Form

I understand that I must comply with the requirements of the Public Recreational Bathing Code of New Jersey. (NJAC 8:26-1.1 et. seq.)

PRINT NAME/SIGNATURE – Owner/Authorized Agent Date

Phone # Email Address for Person in Charge

Fee: \$200.00 pool/per year \$200.00 spa/per year \$-0- wading pool &/or spray park/per year

Make check payable to: **South Brunswick Township**

Send to: South Brunswick Township

Any questions call: (732) 329-4000 ext. 7233

P.O. Box #190 - Attn: Health Department

Monmouth Junction, N.J. 08852

SBTHD Use Only

Approval By: _____ Date: _____

Revised: 2/2017

s/depts/health/forms/Recreational Bathing Facility License