

City of Vineland Department of Health
 640 E. Wood St, P.O. Box 1508
 Vineland, NJ 08362-1508
 Phone: 856-794-4131 Fax: 856-405-4608

Date of Application _____

APPLICATION FOR RECREATIONAL BATHING FACILITY LICENSE

Name of Facility _____

Legal Name of Applicant (owner of facility) _____

Address of Applicant _____

Mailing Address of Facility _____

Physical Address of Facility _____

Name of Trained Pool Operator currently employed _____

Training source: _____ Date of Training _____

Phone number of CPO _____

Facility type: (check one per application)

Swimming pool

Baby/wading pool

Spa or hot tub

<p style="text-align: center;">Pool Features</p> <p>Pool/spa volume (gal) _____</p> <p>Pool/spa surface area (sq.ft.) _____</p> <p><u>Water Supply</u> (check one)</p> <p><input type="checkbox"/> City <input type="checkbox"/> Private Well <input type="checkbox"/> Other</p> <p><u>Drinking Water Supply</u> (circle one)</p> <p><input type="checkbox"/> City <input type="checkbox"/> Private Well</p>	<p>Operation: (check one)</p> <p><input type="checkbox"/> Seasonal Only <input type="checkbox"/> Year Round</p> <hr/> <p style="text-align: center;">Type of Application</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td>Original</td> </tr> <tr> <td></td> <td>Renewal</td> </tr> <tr> <td></td> <td>Notification of name/address change</td> </tr> <tr> <td></td> <td>Reporting inactive facility</td> </tr> <tr> <td></td> <td>Reactivation of inactive facility</td> </tr> </table>		Original		Renewal		Notification of name/address change		Reporting inactive facility		Reactivation of inactive facility
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	Renewal										
	Notification of name/address change										
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	Reactivation of inactive facility										

I hereby certify that the information I have supplied above is true and correct.

Authorized signature _____

Date _____

Please submit a fee of \$625 for each individual pool or spa/hot tub along with this form per year.