

BOROUGH OF CLOSTER

DEPARTMENT OF HEALTH

JAMES M. FEDORKO
HEALTH OFFICER

BOROUGH HALL
201-784-0600 EXT.493
FAX No. 201-784-0371



JIN BAE
REGISTERED ENVIRONMENTAL
HEALTH SPECIALIST
BOH SECRETARY, LICENSING OFFICIAL
CERTIFIED MUNICIPAL REGISTRAR

SWIMMING POOL/WHIRLPOOL APPLICATION

FEE: Pool \$275.00 per unit, whirlpool and hot tubs \$90 per unit

APPLICATION FOR A SWIMMING POOL/WHIRLPOOL LICENSE. OPERATION OF A SWIMMING POOL/WHIRLPOOL AS DEFINED IN THE REVISED HEALTH CODE OF THE BOROUGH OF CLOSTER, ARTICLES VIII & XII.

NAME OF ORGANIZATION: _____

NAME OF OWNER: _____

OWNER'S EMAIL ADDRESS: _____

ADDRESS: _____

NAME OF MANAGER: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME OF LABORATORY USED FOR TESTING POOL AND DRINKING WATER: _____

PROOF MUST BE SUBMITTED

NAME OF PEST CONTROL: _____

PROOF MUST BE SUBMITTED

List the name Certified Pool Operator. **COPY OF CERTIFICATION MUST BE SUBMITTED.**

PLEASE LIST NAME, ADDRESS AND TELEPHONE NUMBER OF **LIFEGUARDS** WHO ARE CERTIFIED IN FIRST AID AND CPR.
PROOF OF ALL CERTIFICATIONS MUST BE SUBMITTED TO THE BOARD OF HEALTH.

1. NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
CPR CERTIFICATION EXP. DATE: _____

2. NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
CPR CERTIFICATION EXP. DATE: _____

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IN CONSIDERATION OF SUCH LICENSE, APPLICANT AGREES TO COMPLY AT ALL TIMES WITH ALL STATUTES, ORDINANCES, RULES AND REGULATIONS OF BOTH THE NEW JERSEY DEPARTMENT OF HEALTH AND OF THE BOROUGH OF CLOSTER. LICENSE, IF GRANTED, IS UPON EXPRESS CONDITION OF ITS FORFEITURE OR REVOCATION IF CASE THE LICENSEE, HIS AGENT, OR SERVANT VIOLATES THE CONDITIONS SET FORTH HEREIN.

PLEASE NOTE:

- **APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED WITH APPLICABLE FEE**
- **LICENSES ARE NOT TRANSFERRABLE IF BUSINESS IS SOLD**
- **LICENSES ARE RENEWABLE IN JANUARY AND EXPIRE DECEMBER 31ST**

I hereby consent to inspection by the Closter Health Department and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with state and local public recreational bathing requirements, a copy of which I have received. BY SIGNING BELOW, I HEREBY UNDERSTAND AND COMPLY WITH ALL THE CONDITIONS SET FORTH IN THIS APPLICATION.

PRINT NAME AND SIGN

DATE