



HOWELL TOWNSHIP

4567 Route 9 North, P.O. Box 580

Howell, NJ 07731

(732) 938-4500 x2241

APPLICATION FOR PUBLIC POOL LICENSE

This application must be renewed by June 30, 2018 and accompanied by a \$200 fee.

Any license renewed after June 30th shall incur a \$50.00 Late Fee.

Establishment Name: _____

Establishment Address: _____

Owner's Name: _____ Phone Number: _____

Address: _____

Duration of Season: _____ Hours of Operation: _____

Filter Backwash Discharge to: _____

Number of Lifeguards: _____ Certified By: _____

Additional Pools: Wading _____ Diving _____ Other _____ Spa _____

Pool dimensions: _____ Capacity: _____

Water Treatment: _____ Patronage: _____

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

Name of Certified Pool Operator: _____

Food/Drink sold or served on premises: _____

I, the undersigned, agree to operate the aforementioned swimming pool in accordance with the provisions of Howell Township's Swimming Pool Code, Ordinance #188.90.

Signature: _____ Date: _____

Health Dept. Use Only:

Pool License: _____ Date: _____