



CITY OF FALL RIVER, MASSACHUSETTS

Inspectional Services Division

BOARD OF HEALTH

Permit Application For Pool License

Applying for the following license: (check all that apply)

____ Outdoor Pool \$150.00

PERMIT HOLDER:

Name of Owner/Corporation

Address City/Town Zip

Telephone Federal Tax ID #

Contact Person/Manager City/Town Zip

.....
Certified Pool Operator: Name _____ Cell: _____

Business Name to be licensed _____

Location Address City/Town Zip

Business Telephone Manager

Type of Pool: _____

Method of Water Treatment: _____

Number of Lifeguards required: _____

Maximum Pool Capacity: _____

In compliance with Virginia Graeme Baker Pool & Spa Safety Act ___Y ___N

All permits shall expire December 31st following the date of issue and may be revoked for cause at any time by the Board of Health. Permits are not transferable from one place or person to another.

For Office Use Only:
Tax Certification complete Approval to issue license Initials of inspector _____ Date _____