



# 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)

\_\_\_\_\_ Special Purpose Pool (SPA) \$100.00

#### 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 31<sup>st</sup> 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.*

<b>For Office Use Only:</b>			
Tax Certification complete	<input type="checkbox"/>	Approval to issue license	<input type="checkbox"/>
Initials of inspector	_____	Date	_____