



# CITY OF FALL RIVER, MASSACHUSETTS

## Inspectional Services Division

### BOARD OF HEALTH

#### Permit Application for Pool License

Applying for the following license:

➤ **Indoor Pool: \$300.00**      **Late Fee: \$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 \_\_\_\_\_  
(Attach Certified Pool Operator's Certificate)

Business Name (to be licensed) \_\_\_\_\_

*Fall River, MA*

\_\_\_\_\_  
Location Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
Manager

Type of Pool: \_\_\_\_\_

Method of Water Treatment: \_\_\_\_\_

Number of Lifeguards Required: \_\_\_\_\_

***Include copies of First Aid, CPR and Lifeguard Training Certificates for all lifeguards.***

Maximum Pool Capacity: \_\_\_\_\_

In compliance with Virginia Graeme Baker Pool & Spa Safety Act \_\_\_Y \_\_\_N

*All permits shall expire on 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.*

***Please note: A signed "Tax Certification Form" from the City Collector must be included with this application or it will be considered incomplete and returned.***

**For Office Use Only:**

Tax Certification complete  Approval to issue license  Initials of inspector \_\_\_\_\_ Date \_\_\_\_\_