



CITY OF FALL RIVER, MASSACHUSETTS

Inspectional Services Division

BOARD OF HEALTH

Permit Application for Pool License

Applying for the following license:

➤ **Outdoor Pool: \$200.00 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 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.

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 _____