

# CITY OF FALL RIVER, MASSACHUSETTS

## Inspectional Services Division

BOARD OF HEALTH



### Permit Application for Pool License

Applying for the following license:

➤ **Special Purpose Pool (Spa) \$150.00**

**Late Fee: \$100.00**

**PERMIT HOLDER:**

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Name of Owner/Corporation

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Address

City/Town

Zip

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Telephone

Federal Tax ID #

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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*

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Location Address

City/Town

Zip

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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 \_\_\_\_\_