

Tewksbury Board of Health Department
175 Chandler Street
Tewksbury, MA 01876
Telephone: 978-640-4470 Fax: 978-640-4472

Fee: \$115.00/pool	Expires: December 31
Seasonal/Annual:	Permit: #
Date Received:	Date Paid:

APPLICATION FOR PUBLIC, SEMI-PUBLIC, WADING POOL AND SPECIAL PURPOSE OPERATION PERMIT

APPLICATION DEADLINE IS 3 WEEKS PRIOR TO THE OPENING.

POOL INFORMATION:

Each pool *SHALL* be separately permitted

Name of Facility:	Facility's Telephone:
Pool Owner:	Telephone:
Pool Street Address:	Pool Mailing Address:
Email address:	Cell Phone No:
Emergency Contact Name:	Telephone:
Address:	Cell Phone:

TYPE OF POOL: (check only one) Public Semi-public Wading Special Purpose

Method of Water Treatment:	# Of Lifeguards: _____	Bather Load: _____
Pool Dimensions:	HOURS OF POOL OPERATION:	
Pool Capacity: # of Gallons	Opening Date:	Closing Date:

CERTIFIED POOL OPERATOR (CPO):

Name:	Telephone:
Address:	
Certificate Number:	Expiration Date:

I certify that I have compiled with the *Commonwealth of Massachusetts Environmental Code, Minimum Standards for Swimming Pools 105 CMR 435.000* and the *Tewksbury Board of Health Regulations*. I understand that this license expires on December 31 or sooner of the year in which it was issued and that it is my responsibility to renew my application at least 30 days before expiration.

OWNER INFORMATION:

Full Name	Telephone:
Sole Proprietor Partnership Trust Corporation	
Mailing Address:	City: State and Zip Code:

If corporation or partnership please list names, titles, home address and telephone numbers of officers.

1. _____
2. _____

Reminders:

- Attach a copy of the Certified Pool Operator certificate
- Attach a copy of the Bacteriological Test results from a certified lab for: Standard Plate Count (limit of 200 bacteria per milliliter), Coli Form Test, and Pseudomonas Aeruginosa Test.
- Attach a copy of Worker's Compensation Insurance Affidavit: General Businesses
- Attach a copy of your Insurance Binder

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual or Corporate Name:	Signature of Corporate Officer (if applicable):
Date Signed:	Social Security No. or Tax Id. Number:

Payment shall accompany this application with a check or money order made payable to the "Town of Tewksbury"

FOR BOARD OF HEALTH USE ONLY:

Date Received

Check Number

Amount Paid

Permit # Issued