



200 South Street,
P.O. Box 914
Morristown, NJ
07963-0914

Health Division

Main Office (973) 796-1975
Health Officer (973) 796-1993
Health Inspectors (973) 292-6713
(REHS) (973) 796-1804
Nurse (973) 292-6702
Animal Control (973) 292-6731
Fax (973) 292-6730

RECREATIONAL BATHING LICENSE APPLICATION

Please complete all fields. A copy of your driver's license or a government-issued photo ID must be submitted with this license application.

NAME OF ESTABLISHMENT _____

Type of Recreational Bathing Lake # _____ Pool # _____ Spa # _____ Wading # _____

Address of Establishment _____

Establishment Phone # _____

Establishment Fax # _____

Establishment Email # _____

Establishment Contact Person _____

Emergency Phone # _____

Establishment Manager/TPO _____

Establishment Home/Mailing Address _____

Establishment Manager/TPO Phone # _____

Property Owner Name(s) _____ Phone # _____

Property Owner Home/Mailing Address _____

Seasonal Facility Yes No

Opening Date _____ Closing date _____

Hours of Operation _____ am/pm to _____ am/pm # of Lifeguards _____

Certified Lab Testing Company _____ Certified Lab Phone # _____

Fees*:	
License	\$150.00

Please attach the following to this application:	
<input type="checkbox"/> Copy of current Trained Pool Operator (TPO) License(s)	<input type="checkbox"/> 21 Day Checklist
<input type="checkbox"/> Copy of current Lifeguard Certifications	<input type="checkbox"/> CB-20 Form (Certification for Replacement of Main Drain Covers in Pool/Spa)
<input type="checkbox"/> Copy of Pool Director Certificate (if pool is >2000 sq. ft.)	

Licenses are valid from July 1st – June 30th of licensing year. Seasonal licenses are valid from May 1st – September 30th. Licenses are not transferable. License is void with change of ownership. Payment in the form of a check, cash or money order must accompany this application.

In consideration of the issuance of this license, applicant agrees to comply at all times with the Statutes, Ordinances, Rules, and Regulations of the New Jersey Department of Health and the Town of Morristown. Applicant further agrees that legal action may be taken for non-compliance of State and Town laws along with the suspension or revocation of such license.

Signature _____ Date _____

Printed Name _____

***OFFICIAL USE ONLY ***				
RECEIPT INFORMATION:	Date Received:	Received By:	Fee Collected:	Check Cash
			\$ _____	Other _____