



## BATHING FACILITY LICENSE APPLICATION

\*\*Please include the supplemental documents, as listed on the reverse side, along with your application\*\*

BUSINESS INFORMATION		
<b>Type of Ownership:</b> <input type="checkbox"/> Individual <input type="checkbox"/> LLC Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> S Corp <input type="checkbox"/> Publicly Traded Corp		
<b>Type of Business</b> (select multiple if necessary): <input type="checkbox"/> Bathing Facility Annual <input type="checkbox"/> Bathing Facility Seasonal <b>Fee: \$250</b>		<b>Application Type:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Renewal
<b>Business Name:</b>	<b>New Businesses* -Expected Opening Date:</b>	
<b>Business Address:</b>		
<b>Business Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Manager/Contact Name:</b>		
<b>Manager Mailing Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Certified Pool Operator:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Certified Pool Operator Certificate Number:</b>		
BATHING FACILITY DETAILS		
Number of Pools:		
Number of Wading Pools:		
Number of Whirlpools		
Number of other onsite bathing facilities, if any:		
Operating Days:(select multiple as necessary):	<input type="checkbox"/> M-F <input type="checkbox"/> S-Sun <input type="checkbox"/> other:	
Operating Times:		
Number of Lifeguards:		
Seasonal facilities - Anticipated Opening Date:		
NJDEPE Lab:		
BUSINESS OWNER INFORMATION		
<b>Owner Name:</b>		
<b>Home Address:</b>		
<b>Phone:</b>	<b>Email:</b>	
BILLING INFORMATION		
<b>Mailing Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
EMERGENCY CONTACT INFORMATION		
<b>Emergency Contact Name and Title:</b>		
<b>Emergency Contact Cell Phone:</b>		
<b>“In making this application, I hereby declare that I understand and will comply with all of the requirements of the ordinances and regulations of the Town of Secaucus and State of New Jersey, and that under penalty of perjury, the statements and documents constituting any part of this application are true, correct and complete to the best of my knowledge.”</b>		
Applicant’s Signature:	Title:	
Print Name:	Date:	



## BATHING FACILITY DOCUMENT REQUIREMENTS

The following updated documents must be submitted with your application, as necessary:

- Certified Pool Operator Certificate
- Bathing Facility Checklist (attached)
- Bonding and Grounding Certificate
- CB-20 Form
- Lifeguard certificates, as applicable.
- Updated aquatic facility plan.

Please note this office will **not** schedule an inspection until all the above documents received are up to date. Please feel free to contact this office if you have any questions. Thank you.