

20_ SWIMMING POOL LIC. APPL.

MAIL WITH APPROPRIATE FEE TO:
TOMS RIVER HEALTH DEPT.
ATTN: PUBLIC SWIM'G POOL LICENSING
P.O. BOX 728
TOMS RIVER, NJ 08754

APPLICATION FOR AN ANNUAL LICENSE TO OPERATE A SWIMMING POOL WITHIN
THE TOWNSHIP OF TOMS RIVER. *PLEASE PRINT.*

LICENSE FEE: EFFECTIVE DECEMBER 11, 1978
CHECK () WHICHEVER TERM IS APPLICABLE
MAKE CHECK PAYABLE TO "TOWNSHIP OF TOMS RIVER"

A. SEASONAL POOL - \$50.00 DURATION (APRIL THROUGH OCTOBER 1) _____

B. YEAR-LONG - \$75.00 _____

NEW _____

RENEWAL _____

NAME OF COMPANY _____

BUS. ADDRESS _____

TELEPHONE # _____

SWIMMING POOL ADDRESS (IF OTHER)

NUMBER OF LIFEGUARDS _____ MAX. # ALLOWABLE BATHERS _____

NAME OF OWNER (OR CORP.)

MAIL'G ADDRESS _____ TELEPHONE # _____

(If applicable)

CORP. OFFICERS _____

EMERGENCY CONTACT _____ TELEPHONE _____

CERTIFIED STATE LAB. (NAME) _____

CHECK BELOW WHICHEVER IS APPLICABLE

CITY WATER _____ CITY SEWER _____

WELL _____ SEPTIC _____

SIGNATURE OF APPLICANT

TITLE

DATE