



# BOROUGH *of* ROSELAND

Health Department

140 Eagle Rock Ave, Roseland New Jersey 07068

973-428-3035

## APPLICATION TO OPERATE A PUBLIC RECREATIONAL BATHING PLACE

Name of Facility: \_\_\_\_\_ Facility Phone: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Operator's Name: \_\_\_\_\_ Operator's Phone: \_\_\_\_\_

\_\_\_\_\_ Operator's Fax: \_\_\_\_\_

Operator's Address: \_\_\_\_\_

CPO's Name: \_\_\_\_\_ CPO's Certification #: \_\_\_\_\_

CPO's Phone: \_\_\_\_\_ Date Certified: \_\_\_\_\_

Laboratory Name: \_\_\_\_\_ Lab Phone: \_\_\_\_\_

List Each Pool/Water Body Present (attach additional sheets if necessary):

<i>Type (pool, wading pool, spa, hot tub)</i>	<i>Volume(gal)</i>	<i>Method of Disinfection</i>
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### Operator's Certification:

I understand that the above referenced recreational bathing facility is being licensed under Chapter IX of the NJ State Sanitary Code (NJAC 8:26-1 et seq.) and the Ordinances of the Borough of Roseland. I am familiar with the requirements of Chapter IX and the Ordinances of the Borough and hereby agree to at all times operate this facility in conformance with the purposed intent and provisions of Chapter IX of the NJ State Sanitary Code and the Ordinances of the Borough of Roseland. I have reviewed this application and certify that it is true and correct.

Signature of Operator: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_