

Methuen Health Department
Quinn Building – 90 Hampshire Street
Methuen, MA 01844
Telephone: 978-983-8655 Fax: 978-983-8988

Fee: \$110.00	Expires: 12/31/___
Late Fee: \$10.00/day	Permit: #
Seasonal/Annual:	Date Paid:

APPLICATION FOR PUBLIC OR SEMI-PUBLIC POOL OPERATION PERMIT
APPLICATION DEADLINE IS 3 WEEKS PRIOR TO OPENING OF POOL.

POOL INFORMATION:

Each pool *SHALL* be separately permitted

Name of Facility:	Facility's Telephone:
Pool Owner:	Telephone:
Pool Street Address:	Pool Mailing Address:

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 both the *Commonwealth of Massachusetts Environmental Code, Minimum Standards for Swimming Pools 105 CMR 435.000* and the *Methuen 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.

- _____
- _____

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 "City of Methuen."