



Central Office: 505 Silas Deane Highway, Wethersfield, CT 06109 Phone (860) 721-2822 Fax (860) 721-2823
 Berlin: 240 Kensington Road, Berlin, CT 06037 Phone (860) 828-7017 Fax (860) 828-9248
 Newington: 131 Cedar Street, Newington, CT 06111 Phone (860) 665-8586 Fax (860) 665-8533
 Rocky Hill: 761 Old Main Street, Rocky Hill, CT 06067 Phone (860) 258-2770 Fax (860) 258-2767
 www.ccthd.org

**PUBLIC POOL LICENSE
 APPLICATION**

Expires annually on April 30 (All statements to be filled in.)

Name of Pool _____

Pool Location Address _____ Town _____

Mailing Address _____

Anticipated Opening Date _____ # Pools/Spas on Site _____

Phone # at Pool _____ Days & Hours of Operation _____

Owners Name _____ Phone # _____

Owners Business Address _____ City _____ State _____ Zip _____

On Site Operator _____ Phone # _____

E-Mail Address _____

SIGNATURE OF OWNER **X** _____ Date _____

Annual Fee (Check Appropriate Box(es))

| | <u>For Profit Fee</u> | <u>Non-Profit</u> |
|--|-----------------------|---|
| <input type="checkbox"/> Permit to Operate-Seasonal: | \$175.00 | <input type="checkbox"/> Municipally owned-- No Fee |
| <input type="checkbox"/> Permit to Operate-Year-round: | \$ 225.00 | <input type="checkbox"/> State owned--No Fee |
| <input type="checkbox"/> Each Additional Pool: | \$ 60.00 | <input type="checkbox"/> Non-profit organization-- |
| <input type="checkbox"/> Re-inspection Fee: | \$50.00 per pool | 50% of Fee |

******Effective July 1, 2017******

A \$50.00 re-inspection fee will apply for ALL re-inspections.

NOT-FOR-PROFIT STATUS REQUESTED-(50% of fee listed above applies). The above organization is operated by a non-profit organization exempt from federal taxes AND exempt from local real estate and personal property tax. **IRS and/or State of CT Department of Revenue Services determination letter(s) MUST be submitted with this application.**

FEE WAIVER REQUESTED-applies to: State of CT owned and operated facilities; Health District member towns, their departments and facilities including public schools that are not contracted out to a for-profit vendor.

Mail form and fee to: Central Connecticut Health District, 505 Silas Deane Highway, Wethersfield, CT 06109

| |
|--|
| OFFICE USE ONLY - Received _____ Check # _____ Entered _____ Licensed Issued _____ |
| APPROVED _____ Date _____ Entered _____ Mailed _____ |
| Director of Health or authorized representative |