



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 _____

Location of Pool _____

Mailing Address _____

Owners Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Person Responsible For Pool _____ Phone # _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

SIGNATURE OF OWNER **X** _____

Annual Fee (Check Appropriate Box(es))

	<u>For Profit Fee</u>	<u>Non-Profit Fee</u>
<input type="checkbox"/> Seasonal or year-round public pool per location:	\$170.00	\$85.00
<input type="checkbox"/> Each additional pool	\$ 55.00	\$27.50

******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			