Central Connecticut Health District

2080 Silas Deane Highway, Suite 100, Rocky Hill, CT 06067

Phone: (860) 785-8380 Fax: (860) 785-8533
www.ccthd.org

PUBLIC HEALTH for BERLIN, NEWINGTON, ROCKY HILL, & WETHERSFIELD

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)

		For Profit Fee		Non-Profit
☐	Permit to Operate-Seasonal:	$215.00	☐	Municipally owned-- No Fee
☐	Permit to Operate-Year-round:	$ 265.00	☐	State owned--No Fee
☐	Each Additional Pool:	$ 80.00	☐	Non-profit organization-- 50% of Fee
☐	Re-inspection Fee:	$55.00 per pool		

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

A $55.00 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, 2080 Silas Deane Highway, Rocky Hill, CT 06067

OFFICE USE ONLY - Received _____Check # _____ Entered _____Licensed Issued_____

APPROVED _____Date _____Entered _____Mailed _____

Director of Health or authorized representative

Revised 7/01/18