



**CITY OF PASSAIC**  
**DEPARTMENT OF HUMAN SERVICES**  
**DIVISION OF HEALTH**  
 330 Passaic Street • Passaic, NJ 07055 • (973) 365-5603  
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*FOR OFFICE  
 USE ONLY*  
 REVIEWED BY \_\_\_\_\_  
 LIC. NO. \_\_\_\_\_  
 DATE \_\_\_\_\_

# RECREATIONAL BATHING PLACE LICENSE APPLICATION

This application shall be completed in full for INITIAL licensure and for RENEWAL of an existing license which is scheduled to expire. Please read all of questions carefully.  
 All information MUST be printed legibly.

## SECTION I- FACILITY LOCATION INFORMATION

Please select one:  Application is for a **NEW** license  
 Application is for **RENEWAL** of your existing license

Please select one:  The pool is an indoor pool.  
 The pool is an outdoor pool.

Date of Application: \_\_\_\_\_

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

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

Business Telephone: \_\_\_\_\_ Fax Telephone: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Is this a new establishment?  Yes  No  
 If **YES**, did you submit floor plans/specifications to the Health Division for approval?  Yes  No

## SECTION III- OWNER INFORMATION

Is the owner of the facility a corporation, condominium association, partnership, LLP, or LLC?  Yes  No  
 If **yes**, please provide the name of the corporation, condominium association, partnership, LLP, or LLC in the space below. If no and the owner is a person, please list that person under **INDIVIDUAL # 1.** below.

Type of owner:  Corporation  Condominium Association  Partnership  LLP/LLC  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax Telephone: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

**In the spaces below please provide information for the individuals who are the owners/officers and have legal responsibility for the corporation condominium association, partnership, LLP, or LLC listed above.**

### INDIVIDUAL # 1.

Full Legal Name: \_\_\_\_\_

Address of Owner \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check ALL that apply to this individual's position:

Owner  
 President  
 Vice President  
 Other (Describe): \_\_\_\_\_

**INDIVIDUAL # 2.**

Full Legal Name: \_\_\_\_\_

Address of Owner \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check ALL that apply to this individual's position:

Owner  
 President  
 Vice President  
 Other (Describe): \_\_\_\_\_

**INDIVIDUAL # 3.**

Full Legal Name: \_\_\_\_\_

Address of Owner \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check ALL that apply to this individual's position:

Owner  
 President  
 Vice President  
 Other (Describe): \_\_\_\_\_

If you require additional space to list other individuals, please photocopy this sheet and attach it to your application.

**SECTION IV- CERTIFIED POOL OPERATOR INFORMATION**

In the space below, please list the name for your Certified Pool Operator (CPO). A CPO is required by state law for all recreational bathing places. The individual must have a current CPO Certification from an organization recognized by the New Jersey Department of Health & Senior Services for the licensing year.

**CPO # 1.**

Full Legal Name: \_\_\_\_\_

Address of Owner \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Organization that Awarded Certification: \_\_\_\_\_

Date of Expiration for Certification: \_\_\_\_\_

**CPO # 2.**

Full Legal Name: \_\_\_\_\_

Address of Owner \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Organization that Awarded Certification: \_\_\_\_\_

Date of Expiration for Certification: \_\_\_\_\_

**SECTION V- FEES & CERTIFICATION**

THE PROPER LICENSE FEE MUST BE INCLUDED WITH THIS APPLICATION IN ORDER FOR YOUR LICENSE TO BE ISSUED. LICENSE FEES ARE AS FOLLOWS:

**Seasonal Summer Pool (Outdoor)            \$125.00**  
**Year Round Pool (Indoor)                    \$250.00**

By signing below the applicant certifies that all information provided in this application is true and correct to the best of his/her knowledge. If information provided by the applicant is found to be false, any license issued under the application will be revoked.

Print Name & Title	Signature	Date
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