



**BOROUGH OF CARLSTADT**

**Health Department**  
Memorial Municipal Building  
500 Madison Street  
Carlstadt, NJ 07072

**2019 Public Swimming  
Pool Permit Application**

Date: \_\_\_\_\_

**Check One:**                      New Application \_\_\_\_\_ Renewal: \_\_\_\_\_ Alterations: \_\_\_\_\_

Trade or Store Name: \_\_\_\_\_

Address of Establishment to be licensed: \_\_\_\_\_

Telephone # of Establishment: \_\_\_\_\_

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

Billing  
Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Type of Facility: \_\_\_\_\_

**NO BUSINESS MAY BE CARRIED ON UNTIL THE BOARD OF HEALTH GIVES APPROVAL.**

**IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE HEALTH DEPARTMENT CODE AND I OR AMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED. IT IS FURTHER AGREED THAT I, OR WE, WILL SURRENDER THIS LICENSE, IF GRANTED TO THE CARLSTADT HEALTH DEPARTMENT ON DEMAND.**

\_\_\_\_\_  
**Signature of Owner/Manager)**

\_\_\_\_\_  
**FOR HEALTH DEPARTMENT USE ONLY:**

Check # \_\_\_\_\_

Fee: \$250.00

License # \_\_\_\_\_