

RARITAN TOWNSHIP
BOARD OF HEALTH
ONE MUNICIPAL DRIVE
FLEMINGTON, NJ 08822
908 806-6101

PUBLIC SWIMMING POOL APPLICATION

I, the undersigned, do hereby make application for a license to operate a Public Swimming Pool in the Township of Raritan

Name of Establishment

Address

In making this application, I agree to comply with Chapter 17 of the "Revised General Ordinances of the Township of Raritan, 1998" and More Specifically Chapter 17.36 Swimming Pool Code and the laws of the State of New Jersey covering such operation. It is further agreed that, if granted, I will surrender this license to the Department of Health on demand for failure to comply fully with the aforementioned State and Raritan Township.

Signature

Print Name

Address

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(DO NOT WRITE BELOW THIS LINE)

License Number _____

Date Issued _____