



West New York Health Department

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Gabriel Rodriguez
Commissioner of Revenue & Finance

Janet Castro
Health Officer

Maria Alvarez
Registrar of Vital Statistics

APPLICATION TO OPERATE A SWIMMING POOL

Your Current License Expires JAN 1st Of Every Fiscal Year

Date: _____ License # _____

Name of Pool: _____

Location: _____ Tel. # _____

Owner of Building: _____ Tel. # _____

Address: _____

**If Corporation, List Names, Title of Each Officer:

Type of Pool (Public, Club, ETC.) _____

Duration of Season: _____ Hours: _____

Owner of Concessioner: _____

Supervisor: _____ Operator: _____

Life Guards: _____

Proper Construction of Pool: _____

Size: _____ Ft. X _____ Ft. Capacity in Gallons: _____

Source of Water Supply: _____ Circulation System: _____

Number of Inlets: _____ Number of Outlets: _____ Hair Catcher: _____

Suction Cleaner: _____ Filtration Stem: _____

Chlorination System: _____ Disinfecting Agent: _____

Waste Disposal: _____ Chlorine Test: _____

of Dressing Rooms: _____ Male: _____ Female: _____

of Showers: _____ Male: _____ Female: _____

Applicant's Signature

SEND COPY OF 5 YEAR GROUNDING AND BONDING CERTIFICATE AND YEARLY POOL CERTIFICATE

Fee: \$250.00

Date Received: _____

Only Money Order Payable West New York

Received By: _____

Health Department

Money Order #: _____