

HEALTH PERMIT APPLICATION

Applicant: Answer all questions completely. Sign and date below. Retain yellow copy.
Submit 2 copies to Environmental Health Services. [Print or type]

CHECK ONE: NEW APPLICATION RENEWAL CHANGE OF OWNERSHIP

CHECK ONE: DOMESTIC WATER CARRIER SWIMMING POOL
 KENNEL SPA
 PET SHOP SEASONAL [DATES OF OPERATION] _____
 ORGANIZED CAMP

IF MORE THAN ONE POOL/SPA
ON-SITE DESCRIPTION/LOCATION

OWNER(S) NAME(S) _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____
(if different from above)

HOME PHONE _____ BUSINESS PHONE _____ VEHICLE LICENSE _____
(if applicable)

PLEASE PRESENT/MAIL PAYMENT WITH THIS APPLICATION. FEE DUE: \$ _____

I (we) agree to operate in compliance with all applicable State laws and regulations and pertinent local ordinances and regulations. I (we) certify that the information herein is correct to the best of my (our) knowledge.

Date: _____ Signature(s): _____

FOR OFFICE USE ONLY

PERMIT # _____ FEE _____ CASH _____ CHECK _____ MO _____ CO/MA _____
CATEGORY CODE _____ COMPUTER # _____ PROGRAM _____ DISTRICT # _____ LOCATION CODE _____

APPLICATION APPROVED _____ DATE _____
ENVIRONMENTAL HEALTH SPECIALIST
