

TOWN OF WINCHENDON



Board of Health

Telephone (978) 297-3537
Facsimile (978) 297-1616

109 Front Street
Winchendon, Massachusetts 01475-1758

APPLICATION FOR PERMIT To Operate A Public or Semi-Public Swimming Pool

Name: _____
(Full name of person, firm or corporation making application)

Address: _____

Phone number at pool: _____

List names and phone numbers of the officers:

Type (public or semi-public): _____ Number of years in business: _____

Name of certified pool operator: _____
(Please attach a copy of current CPO certificate)

Hours of operation: _____

Estimated average daily attendance (persons): _____

Maximum pool capacity (persons): _____

Duration of season: _____

Method of water treatment: _____

Number of lifeguards: _____
(Please attach copies of current certifications)

AGREEMENT

The undersigned agrees to operate the aforementioned pool in accordance with the Regulations of the Massachusetts Department of Public Health 105 CMR 435.00, and the Winchendon Board of Health Swimming Pool Rules and Regulations. The undersigned further agrees not to place this pool in operation until a license to operate said pool has been issued by the Winchendon Board of Health.

Signature of applicant: _____ Date: _____

Please enclose a check or money order for \$50.00 payable to The Town of Winchendon