

SOUTH PLAINFIELD HEALTH DEPARTMENT  
2480 Plainfield Avenue, South Plainfield, NJ 07080

**PUBLIC SWIMMING POOL LICENSE APPLICATION**

ESTABLISHMENT NAME: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_

ESTABLISHMENT TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER TELEPHONE NUMBER: \_\_\_\_\_

MANDATORY EMAIL: \_\_\_\_\_

**NON-REFUNDABLE APPLICATION FEE**

<u>LICENSE TYPE</u>		<u>AMOUNT</u>
MULTIPLE RESIDENTIAL DWELLINGS	\$375.00	_____
NON-RESIDENTIAL – SEASONAL	\$375.00	_____
NON-RESIDENTIAL – YEARLY	\$525.00	_____
LATE PENALTY	\$50.00 PER MONTH AFTER MARCH 31ST	_____
	<b>TOTAL AMOUNT:</b>	_____

**NOTE: Application is to be completed and returned with a check payable to the “South Plainfield Health Department” otherwise a \$50.00 PER MONTH late fee will be incurred.**

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**FOR OFFICE USE ONLY.**

LICENSE # \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

METHOD OF PAYMENT: CASH \$ \_\_\_\_\_ CHECK \$ \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_