

**TOWNSHIP OF LUMBERTON
BOARD OF HEALTH**

APPLICATION FOR SWIMMING POOL LICENSE

APPLICANT NAME:

ADDRESS:

.....

TRADE NAME:

ADDRESS OF POOL:

.....

INTENDED DATE OF POOL OPENING:

.....
Applicant Signature **Date**

The following items must be included with the application:

- *Copy of Burlington County Health Dept. Inspection Report*
- *Copy of Organization's NJ State issued Business Registration Certificate*
- *Copy of any Tax Exemption Certificate (Non-Profit Organization)*
- *Liability Insurance Certification*
- *\$20 Application Fee*

Township use only

Township Official REVIEW:

Signature *Date*

APPROVED: *DENIED:*

Other Requirements: *Yes* *No*

COMMENTS:

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