

Check # _____

App# _____

Fee\$550 _____

Permit# _____

WAYLAND BOARD OF HEALTH
APPLICATION FOR LICENSE TO OPERATE A PUBLIC or SEMI-PUBLIC
ANNUAL SWIMMING POOL FY2022

Name of Pool _____

Location or Address _____

Phone Number at Pool _____ Type (Public or Semi-Public) _____

Person in Charge _____

Contact Phone _____ **Contact Email** _____

Hours Open _____ A.M. to _____ P.M.

Estimated Average Daily Attendance (persons) _____

Maximum Pool Capacity (persons) _____

Duration of Season _____

Method of Water Treatment _____

Number of Lifeguards _____ **VGB Expiration Date** _____

Name, Address, Phone, **Email** of Owner _____

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 Wayland 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 Wayland Board of Health. Pursuant to MGL, Chapter 62C, Section 49A, I certify under the pains of perjury that, to the best of my knowledge and belief, I have filed all State tax returns and paid all state taxes required under law.

Name _____ Date _____

Board of Health Pool Inspection Date _____

Pool Permit Approved by _____ Date _____

All permits shall expire June 30th, following the date of issue and may be revoked at any time by the Board of Health. Applications for a permit shall be made to the Board of Health at least 15 days before the pool's opening.