

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 \_\_\_\_\_

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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.