



Central Office: 505 Silas Deane Highway, Wethersfield, CT 06109 Phone (860) 721-2822 Fax (860) 721-2823  
 Berlin: 240 Kensington Road, Berlin, CT 06037 Phone (860) 828-7017 Fax (860) 828-9248  
 Newington: 131 Cedar Street, Newington, CT 06111 Phone (860) 665-8586 Fax (860) 665-8533  
 Rocky Hill: 761 Old Main Street, Rocky Hill, CT 06067 Phone (860) 258-2770 Fax (860) 258-2767  
 \_\_\_\_\_ www.ccthd.org \_\_\_\_\_

**PUBLIC POOL LICENSE  
 APPLICATION/RENEWAL FORM  
 Expires annually on April 30**

(All statements to be filled in.)

NAME OF POOL \_\_\_\_\_

LOCATION OF POOL \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DAYS AND HOURS OF OPERATION \_\_\_\_\_

NAME OF ON-SITE OPERATOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

SIGNATURE OF OWNER **X** \_\_\_\_\_

**Annual Fee (Check Appropriate Amount)**

- |  |          |
|--|----------|
| A. Seasonal or year-round public pool per location:  | \$135.00 |
| Each additional pool   | \$ 50.00 |
| <br>B. Municipally owned and State-owned facilities, private schools, non-profit organizations, and churches must obtain a license; THERE IS NO FEE. | <br>N/A  |

Mail form and fee to:

Central Connecticut Health District  
 505 Silas Deane Highway  
 Wethersfield, CT 06109

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APPROVED \_\_\_\_\_

DATE \_\_\_\_\_