



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: \$125.00

B. Municipally owned and State-owned facilities, private schools, non-profit organizations, and churches must obtain a license; THERE IS NO FEE. N/A

Mail form and fee to:

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

APPROVED _____

DATE _____