



DELAWARE COUNTY HEALTH DEPARTMENT

APPLICATION FOR PUBLIC BATHING PLACE CERTIFICATE OF REGISTRATION

Incomplete applications will be returned and will delay processing time/issuance of registration. A Public Bathing Place cannot operate without a valid Certificate of Registration from the Delaware County Health Department. Each pool located on the premises is required to obtain a Certificate of Registration.

Type of Application: Initial Change of Ownership Renewal Current Facility License/Certificate#: _____

Check all that apply: Indoor Outdoor

Food service provided: Yes No If yes, provide Food Facility License Number: _____

Name of the Public Bathing Place:		Business Telephone #:
Address of the Public Bathing Place (<i>street address, city, state and zip code</i>):		
Mailing Address of the Public Bathing Place (<i>street address, city, state, and zip code</i>):		
Municipality:	Electrical Certificate Expiration Date*:	Number of Pools/Spas:
Name of Person In Charge (PIC):	Phone of Person In Charge (PIC):	Email of Person In Charge (PIC):
If change of ownership, Former Owner Name and Phone Number:		
If change of ownership, Former Name of Facility:		
Name of Business Owner/Corporation/Company/Association:		Owner's Telephone #:
Address of Owner (<i>street address, city, state and zip code</i>):		Owner's E-mail:
Name of Water Testing Laboratory (Must Comply With sec. 602.4.11 of (DCPHC))		Lab Contact (Name and Number)

***A copy of the current electrical inspection certificate must be attached to this application.**

***A copy of lab results from the past two weeks must be attached to this application.**

Application is hereby made for a certificate of registration for a public bathing place. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of certificate of registration. Also, the undersigned agrees to operate this Public Bathing Place Facility in compliance with the Delaware County Health Code.

_____ **Print** Name of owner/authorized agent

_____ **Title**

_____ **Signature** of owner/authorized agent

_____ **Date**

TO BE COMPLETED BY EHS ONLY		
Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date: