

Wellesley Health Department
90 Washington Street
Wellesley, MA 02481
Telephone: (781) 235-0135 Fax: (781) 235-4685

Fee:	Expires: 04/30/22
\$ 200.00 (seasonal)	Permit #
\$ 300.00 (annual)	Date Paid:

APPLICATION FOR PUBLIC OR SEMI-PUBLIC POOL OPERATION PERMIT

POOL INFORMATION PRINT OR TYPE INFORMATION Each pool must be separately permitted.

POOL DIRECTOR	TELEPHONE:
	EMAIL:
CERTIFIED POOL OPERATOR:	TELEPHONE:
POOL STREET ADDRESS:	
POOL MAILING ADDRESS:	
TYPE OF POOL: (check only one) Public _____ Semi-public _____ Wading _____ Special Purpose _____	
OPENING DATE	CLOSING DATE
HOURS OF POOL OPERATION	

I certify that I have compiled with both the *Commonwealth of Massachusetts Environmental Code, Minimum Standards for Swimming Pools 105 CMR 435.000* and the *Wellesley Board of Health Regulations*. I understand that this license expires on April 30th or sooner of the year in which it was issued and that it is my responsibility to renew my application at least 30 days before expiration.

Signature of Pool Director

OWNER INFORMATION PRINT OR TYPE INFORMATION

Full Name:	Telephone:	
Sole Proprietor _____ Partnership _____ Trust _____ Corporation _____		
MAILING ADDRESS: Street name and number	City	State and Zip Code

If corporation or partnership please list names, titles and home addresses of officers.

1. _____
2. _____
3. _____

Important: A check payable to "Town of Wellesley" must accompany this application.

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual or Corporate Name

Date Signed

Signature of Corporate Officer (if applicable)

Social Security No. or Tax Id. Number:

Revised 3/2021

RENEWALS ARE DUE APRIL 7, 2021- LATE FEES APPLY