



April 2015

Manchester Health Department
1528 Elm St.
Manchester, NH 03101
Tel: (603) 624-6466 / Fax: (603) 628-6004

SWIMMING POOL, BATHING PLACE OR SPA PERMIT APPLICATION

Facility Name: _____ Tel: _____

Facility Address: _____ Fax: _____

*Please fill out the following information:
Management mailing / billing address if different from the above facility location*

Owner: (Individual, partnership, Inc. Co. LLC, etc...):

Name: _____ Tel: _____

Address _____ City _____ State: _____ Zip Code: _____

Email: _____ Cell: _____

OPERATOR: (Individual responsible for operation)

Name: _____ Tel: _____

Address _____ City _____ State: _____ Zip Code: _____

Email: _____ **Cell:** _____

Additional Responsible Party: (If applicable):

Name: _____ Tel: _____

Address _____ City _____ State: _____ Zip Code: _____

Email: _____ **Cell:** _____

Facility Classification: (Please check each appropriate box)

(A) Outdoor Pool \$ 175.00

(B) Indoor Pool \$ 175.00

(C) Hot Tub / Spa up to 2 units \$ 125.00 each

Each additional hot tub/spa unit \$ 100.00

Number of additional units: _____

(D) Natural Bathing Place \$ 175.00

Late fee (applications received after May 10, 2015) \$ 25.00

(E) Government-owned facility **TAX ID # Required:** _____ No fee

Signature: _____ **Title:** _____ **Date:** _____

LICENSE WILL NOT BE ISSUED UNLESS THIS APPLICATION IS COMPLETELY FILLED OUT