



District: \_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount \_\_\_\_\_ Ck#: \_\_\_\_\_ Date: \_\_\_\_\_

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

**2020 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 / Management Company (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, 2020) ..... \$ 25.00

(E)  Non-Profit / Government-owned facility **TAX ID # Required:** \_\_\_\_\_ No fee

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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