

**PLEASE MAKE ANY CORRECTIONS TO THE AUTOFILLED APPLICATION ATTACHED.**

**THE FOLLOWING IS REQUIRED BEFORE THE APPLICATION AND FEE WILL BE ACCEPTED. NO EXCEPTIONS.**

- Certified Pool Operator Certificate**
- CPR Certificates of all CPR trained employees**
- Certificate of Worker's Compensation Insurance (see attached)**
- Certificate of Liability Insurance**

**FOR SEASONAL ESTABLISHMENTS, OPENING INSPECTIONS MUST BE SCHEDULED AND CONDUCTED NO LATER THAN 2 WEEKS PRIOR TO PLANNED OPENING DATE.**



**TOWN OF EASTHAM  
BOARD OF HEALTH**  
2500 State Highway, Eastham, MA 02642  
508-240-5900  
Fax 508-240-5908  
Email: health@eastham-ma.gov

**FOR BOARD OF HEALTH USE ONLY**

Date Rec'd: \_\_\_\_\_ \$

Payment Type: \_\_\_\_\_

Certified Pool Operator Certificate

CPR Certificate

Bacteriological Pool Water Analysis

Certificate of Worker's Comp

Certificate of Liability Insurance

Reviewed By: \_\_\_\_\_

OK    Hold \_\_\_\_\_

## SWIMMING POOL/WHIRLPOOL/SPA APPLICATION

**One application is required for each pool/whirlpool/spa at the establishment.**

Renewal	*New _____	*New businesses must meet with the Health Agent and file application at least 30 days prior to opening.
Establishment Name:		
Establishment Address:		
Establishment Mailing Address (if different):		
Establishment Phone #:		
Owner Name:		
Owner Address:		
Owner Mailing Address (if different):		
Owner Phone #:		
Owner email address ( <b>required</b> ):		
Manager Name:		
Manager Address:		
Manager Mailing Address (if different):		
Manager Phone #:		
Manager Email Address ( <b>required</b> ):		

Permit Length:
if Seasonal, dates of operation:
Pool Type:
Treatment Method:
Max Bather Load:

**The following is required to be reviewed each year. Certificates must be presented with this application before the application and fee will be accepted. No exceptions.**

**Certified Pool Operator:**

	<u>Name</u>	<u>Certificate #</u>	<u>Expiration Date:</u>
1.			
2.			
3.			

**CPR Certified Employees:**

	<u>Name</u>	<u>Certificate #</u>	<u>Expiration Date:</u>
1.			
2.			
3.			

*Pursuant to MGL Ch. 62C section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes as required by law.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security # or Federal ID #:** \_\_\_\_\_