



TOWN OF EASTHAM

BOARD OF HEALTH

2500 State Highway, Eastham, MA 02642

508-240-5900

Fax 508-240-5908

Email: health@eastham-ma.gov

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.



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FOR BOARD OF HEALTH USE ONLY

Date Rec'd: _____ **\$100.00**
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 _____
WHIRLPOOL# _____

WHIRLPOOL APPLICATION

Renewal <input checked="" type="checkbox"/> *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:
Establishment Phone #:
Owner Name:
Owner Address:
Owner Mailing Address:
Owner Phone #:
Owner email address (required):
Manager Name:
Manager Address:
Manager Mailing Address (if different):
Manager Phone #:
Manager Email Address (required):
Indoor or Outdoor:
Permit Length:
if Seasonal, dates of operation:
Pool Type:
Treatment Method:
Max Bather Load:

CONTINUED ON NEXT PAGE

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 #: _____