



THE CITY OF ENGLEWOOD
DEPARTMENT OF HEALTH
73 South Van Brunt Street
Englewood, New Jersey 07631

Phone: (201) 568-3450 Fax: (201) 568-5738
www.cityofenglewood.org/health

GENERAL / POOL LICENSE APPLICATION

Application Must Be In Legible Print

THIS LICENSE IS NOT TRANSFERABLE - VALID APRIL 1 THRU MARCH 31

Date _____

New Application Change of Ownership

Trade Name _____

Business Address _____

Business Phone _____

Fax _____

Complete applicable section below - Owner/Sole Proprietor, Partnership or Corporation

OWNER/SOLE PROPRIETOR

Owner/Proprietor _____

Home Address _____

Home Phone _____

Cell Phone _____

PARTNERSHIP: Include Name/Address of Partners

Name _____

Home Address _____

Home Phone _____

Cell Phone _____

Name _____

Home Address _____

Home Phone _____

Cell Phone _____

CORPORATION: Include Name/Address of Principal Officers

Corporate Name _____

President _____

Vice President _____

What type of license is being applied for? Swimming Pool Portable Toilet Body Art ETDS (Vape)

If new establishment, or if renovation is planned, submit floor plan with proposed layout of equipment for approval by Health Department.

Are plans being submitted today? No Yes Plan Review Fee Submitted?

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY, AT ALL TIMES, WITH THE HEALTH CODE AND/OR AMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED.

Applications will not be processed if owner information (including home or other emergency phone number) is not included.

Legal Signature _____

----- For Health Department Use Only -----

Application Approved _____

Disapproved _____

Date _____

Plan Review Fee Paid _____

Lic. Fee Paid _____

Late Fee Paid _____

License # _____

Date Approved by Board _____

Please check license type and provide any additional information requested:

<input type="checkbox"/> Swimming Pool - \$300 per swimming pool		
Number of lifeguards on site		
Is Operator of Pool "Certified"?		<input type="checkbox"/> NO <input type="checkbox"/> YES
Name of Certified Pool Operator		
Expiration Date:		
If No, name of person designated to attend Certification Pool Operator's Course		

<input type="checkbox"/> Portable Toilet - \$18 First Toilet - \$6 Each additional toilet on the same site		
Number of Portable Toilets:		
Dates during which toilets are to be provided:		
Emptying and Maintenance Procedures		
Proposed locations of each toilet		
1.	4.	
2.	5.	
3.	6.	
NOTE: Toilets cannot be located within 200 feet of any commercial food service operation or any surface waterway.		

<input type="checkbox"/> Body Art Establishment - \$500		
Check all that Apply: <input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Ear Piercing <input type="checkbox"/> Other		
Hours of Operation:		
Days of Operation:		
Name of all practitioners:		Describe Body Art performed:
1	2	1
2	3	2
3	4	3
4	5	4
5		5
NOTE: Additional paperwork required before opening establishment.		

<input type="checkbox"/> Electronic Tobacco Delivery System (Vape) - \$900		
List types of devices for sale		
I certify that no person or retailer selling electronic tobacco delivery systems shall allow an employee to sell or distribute such products until the employee has read the Englewood Board of Health Code (City Code Part III) and State regulations pertaining to the sale or distribution of electronic smoking devices.		
Printed Name: _____		Date: _____
Signature: _____		
PLEASE NOTE: License fees are not pro-rated for any portion of the year.		