



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	1
2	2
3	3
4	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.