

**Wellesley Health Department**  
**90 Washington Street**  
**Wellesley, MA 02481**  
**Telephone: (781) 235-0135 Fax: (781) 235-4685**

Fee:	Expires: 04/30
\$ 200.00 (seasonal)	Permit #
\$ 300.00 (annual)	Date Paid:

**APPLICATION FOR PUBLIC OR SEMI-PUBLIC POOL OPERATION PERMIT**

**APPLICATION DEADLINE IS APRIL 29**

**POOL INFORMATION** PRINT OR TYPE INFORMATION Each pool must be separately permitted.

POOL DIRECTOR:	TELEPHONE:
	EMAIL:
CERTIFIED POOL OPERATOR:	TELEPHONE:
POOL STREET ADDRESS:	
POOL MAILING ADDRESS:	
TYPE OF POOL: (check only one) Public <input type="checkbox"/> Semi-public <input type="checkbox"/> Wading <input type="checkbox"/> Special Purpose <input type="checkbox"/>	
OPENING DATE	CLOSING DATE
HOURS OF POOL OPERATION	

I certify that I have compiled with both the *Commonwealth of Massachusetts Environmental Code, Minimum Standards for Swimming Pools 105 CMR 435.000* and the *Wellesley Board of Health Regulations*. I understand that this license expires on April 30th or sooner of the year in which it was issued and that it is my responsibility to renew my application at least 30 days before expiration.

\_\_\_\_\_  
Signature of Pool Director

**OWNER INFORMATION** PRINT OR TYPE INFORMATION

Full Name:	Telephone:
Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/>	
MAILING ADDRESS: Street name and number	City
	State and Zip Code

If corporation or partnership, please list names, titles and home addresses of officers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Important: A check payable to "Town of Wellesley" must accompany this application.**

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Signature of Individual or Corporate Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Corporate Officer (if applicable)

Social Security No. or Tax Id. Number: