

BUCKS COUNTY DEPARTMENT OF HEALTH APPLICATION CERTIFICATE OF REGISTRATION FOR A PUBLIC BATHING PLACE

FACILITY ID#: _____ - _____

TYPE OF CERTIFICATE OF REGISTRATION REQUESTED:

<input type="checkbox"/> NEW
<input type="checkbox"/> RENEWAL
<input type="checkbox"/> CHANGE OF OWNERSHIP
Name of Former Owner _____
Former Name of Facility _____

This Certificate of Registration covers all pools located on this property. # _____ of pools at this location.

1. Name and address of the Public Bathing Place Facility.

Name of Facility:	Business Telephone #		
Facility Address:	City	State	Zip
Email Address:	Business Fax #		

2. Name of Applicant/Business Owner/Corporation/Company/Association:

Name of Applicant:	Applicant's Telephone #		
Address of Applicant:	City	State	Zip

FEE SUBMITTED: \$ _____ (SEE CURRENT DEPARTMENT FEE SCHEDULE)

A COPY OF THE CURRENT ELECTRICAL INSPECTION CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION.

- The undersigned agrees to operate this Public Bathing Place Facility in compliance with the Bucks County Department of Health Rules and Regulations Governing Public Bathing Places.

SIGNATURE of:
Business Owner/Applicant: _____ **Date:** ____ / ____ / ____

NOTE: THE OWNER OF THE BUSINESS OR A CORPORATE OFFICER MUST SIGN THIS APPLICATION.

A Public Bathing Place cannot operate without a valid Certificate of Registration from the Bucks County Department of Health.

Make check or money order payable to: Bucks County Department of Health

Mail Application to: Bucks County Department of Health
Neshaminy Manor Center
1282 Almshouse Road
Doylestown PA. 18901