City of Westfield, Massachusetts
HEALTH DEPARTMENT

APPLICATION FOR OUTDOOR PUBLIC/SEMI-PUBLIC SWIMMING POOL

FEE: $50.00 **Date Completed** _____

Full Name of Business _____

Include: **Corporation or LLC** **d/b/a** **other**

_____

Business Address _____Bus. Telephone # _____

Fax # _____ E-Mail Address _____ Web Address _____

Name of Owner _____

Address of Owner _____

Telephone# of Owner _____ Cell phone# _____

If Corporation or partnership, give name, title, and home address of officers or partners:

Name	Title	Home Address

Emergency Response Person: Name_____ Home Phone _____

Signature of person completing this application: _____

NOTE: Any false statement made by the Applicant knowing of its falsity or made without taking reasonable steps to determine its truth, or any incomplete or illegible information shall be cause or grounds for refusing to grant the license or permit, or for suspending, canceling or revoking a license or permit already properly granted.

I do hereby certify, under the pains and penalties or perjury that the information provided in this application is true and correct.

_____ Signature of Owner or Corporate Name (Mandatory)

Full signature required