

## Application for Permit to Operate or Certificate of Sanitation

**Permit Type:** ☐ H56 (Year Pool) ☐ H57 (6 month pool) Date of Application: \_\_\_\_\_

☐ Ownership Change ☐ New Installation ☐ Reclassification ☐ Record Purpose

**Business Owner(s) Name:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

Cross Street: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

**Main Contact:** \_\_\_\_\_

☐ Sole Owner ☐ Partnership ☐ Corporation ☐ LLC ☐ LP

**Permit to be Issued in name(s) of or if Corporation, specify Corporation name and list principal officers:**

Owner/Corporation Mailing Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Owner Phone #: \_\_\_\_\_  
& Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Signature(s) of Applicant(s):\***

X \_\_\_\_\_ X \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

\*If Partnership, all partners must sign. If Corporation, authorized Officer must sign.

### For Department of Public Health Office Use Only

Special Notes: \_\_\_\_\_

#### Inspector's Report

To the Director of Public Health:

After having made a careful inspection in the above case on \_\_\_\_\_, 20 \_\_\_\_

I **recommend** the issuance of a New Permit to operate ☐

I **disapprove** the issuance of a New Permit to operate ☐ for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_

Principal Inspector

X \_\_\_\_\_

Inspector

Loc. ID #	Census Tract	Permit #	Type of Permit/Classification/Limitations	Bus. Cert. #: