

**PUBLIC POOLS APPLICATION FOR 2006
ANNUAL LICENSE**

NAME OF BUSINESS/FACILITY _____

Address of Pool _____

Telephone _____

Owner of Business/Facility _____

Address _____

Telephone _____

Mailing/Correspondence if Different from above _____

Supervisor/Operator in charge of Pool _____

Number of Pools at facility _____

TYPE OF POOLS:

Swimming _____ Year Round _____ Seasonal _____

Wading _____ Year Round _____ Seasonal _____

Spa _____ Year Round _____ Seasonal _____

Special Purpose _____ Year Round _____ Seasonal _____

Seasonal Pool Dates of Operation: _____

REGISTRATION FEES PER POOL:

Seasonal \$50.00 - **Per Pool**

Year Round \$75.00 - **Per Pool**

Make checks payable to: Ledge Light Health District, 943 North Rd., P.O. Box 909
Groton, CT 06340
(there is a \$25.00 service charge for all returned checks)

Office Use Only:

FEE PAID _____ CHECK _____ CASH _____

LICENSE PREPARED _____ MAILED _____