

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

Type of Certificate of Registration requested:

- NEW  
 RENEWAL FACILITY ID#: \_\_\_\_\_  
 CHANGE OF OWNERSHIP

Name of Former Owner \_\_\_\_\_

Former Name of Facility \_\_\_\_\_

**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

**The Certificate of Registration covers all pools/spas located on this property.**

Number of pools/spas at this location: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Valid Pesticide Applicator Number. Must be certified in Category 24, Swimming Pools: \_\_\_\_\_

Name of Pool Company (if applicable): \_\_\_\_\_

Make/model of VGBA Drain Cover, along with the expiration date: \_\_\_\_\_

A copy of the current Electrical Inspection Certificate must be attached to this application.

**See Current Fee Schedule: One pool/spa \_\_\_\_\_ Each additional pool/spa \_\_\_\_\_**

**Total fee submitted: \$ \_\_\_\_\_**

– 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