Township of Mahwah

HEALTH DEPARTMENT
PO BOX 733
MAHWAH, NJ 07430
PHONE (201) 529-5757 ext.2
FAX (201) 529-8013

FOR USE BY HEALTH DEPARTMENT ONLY

License #2026-_____

Receipt # _____

Date Received: _____

Date Mailed:_____

APPLICATION FOR LICENSE TO OPERATE A PUBLIC RECEATIONAL BATHING FACILITY

YEAR ROUND HOT TUB OR SPA

LICENSE YEAR 2026 FEE: $200

NAME OF FACILITY:_____

MAHWAH STREET ADDRESS:_____

PHONE (_____)_____ **FAX (_____)**_____

TYPE OF FACILITY:

☐ **HOTEL** ☐ **HEALTH CLUB** ☐ **PUBLIC** ☐ **CONDO ASSOCIATION** ☐ **OTHER**

FACILITY OWNED BY:_____

MAILING ADDRESS OF OWNER:_____

OWNERS: PHONE _____ **EMAIL** _____

FACILITY IS MANAGED BY:_____

MAILING ADDRESS OF MANAGER: _____

NAME OF MANAGER:_____ **PHONE # :**_____

MANAGER'S EMAIL: _____

DAILY HOURS OF OPERATION: _____

NAME OF DESIGNATED ADULT SUPERVISOR:_____

PHONE NUMBER OF DESIGNATED ADULT SUPERVISOR: (_____)_____

NJDEP CERTIFIED LABORATORY YOU WILL USE FOR WEEKLY WATER ANALYSIS:

NAME: _____ **PHONE NUMBER:**_____

continued on other side →

YOU MUST SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION :

1) VALID NEW JERSEY DEPARTMENT OF HEALTH-RECOGNIZED CERTIFICATIONS FOR *:

   a) CPO
   b) LIFEGUARD
   c) STANDARD FIRST AID
   d) CPR (PROFESSIONAL LEVEL ADULT, CHILD AND INFANT)

2) CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES (APPENDIX E).
   Must be fully completed and signed by facility owner, CPO or TPO.

IF THE STATE HAS GRANTED YOU AN EXEMPTION UNDER NJAC. 8:26-5.1

YOU MUST ATTACH A COPY OF YOUR EXEMPTION APPROVAL TO THIS APPLICATION

The undersigned certifies that he/she:

1) Is the ☐ owner or ☐ the authorized agent of the owner.

2) Agrees to operate the Bathing Facility in accordance with the provisions of NJ State Sanitary Code Chapter IX, N.J.A.C. 8:26 Public Recreational Bathing and Township of Mahwah Board of Health Code, Chapter 13.

3) Understands that the issuance of a license does not constitute permission to violate any Township Zoning Ordinance, or any other Township Ordinance, or Rule or Regulation of any Township Board.

_____ _____

Signature **Date**

_____

Print Name)

NOTE:

All facilities also require an annual electrical inspection. Contact the Mahwah Electrical Inspector’s office at 201-529-5757, ext. 235.