

# MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

## OFFICE OF PUBLIC HEALTH

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 Pottstown, PA 19464  
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 Willow Grove, PA 19090  
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### CERTIFICATE OF REGISTRATION APPLICATION FOR A PUBLIC BATHING PLACE

Please check application status and PRINT all applicable information. **Incomplete applications will be returned and will delay processing time/issuance of registration.** A Public Bathing Place cannot operate without a valid Certificate of Registration from the Office of Public Health (OPH). This Certificate of Registration covers all pools located on this property.

Type of Application:  Initial     Change of Ownership     Renewal                      Facility ID#: \_\_\_\_\_

Check all that apply:  Indoor     Outdoor

Food service provided:  Yes                       No

Name of the Public Bathing Place:		Business Telephone #:
Address of the Public Bathing Place ( <i>street address, city, state and zip code</i> ):		
Mailing Address of the Public Bathing Place ( <i>street address, city, state and zip code</i> ):		
Municipality:	Electrical Certificate Expiration Date*:	Number of Pools/Spas:
Former Owner Name:		
Former Name of Facility:		
Name of Business Owner/Corporation/Company/Association:		Owner's Telephone #:
Address of Owner ( <i>street address, city, state and zip code</i> ):		Owner's E-mail:
<b>OFFICIAL USE ONLY</b>		
Approved by:		New Registration Expiration Date:

Please refer to [www.montcopa.org/healthfeeschedule](http://www.montcopa.org/healthfeeschedule) for appropriate fee.

**\*A copy of the current electrical inspection certificate must be attached to this application.** All checks and money orders are to be made payable to the TREASURER OF MONTGOMERY COUNTY.

Application is hereby made for a certificate of registration for a public bathing place. By signing this application you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of certificate of registration. Also, you agree that the public bathing place will comply with the Montgomery County Public Health Code.

\_\_\_\_\_  
**Print** Name of owner/authorized agent

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature** of owner/authorized agent

\_\_\_\_\_  
**Date**

OPH 05/2018

