

**TOWN OF CHESTER
HEALTH DEPARTMENT**

15 Middlefield Road
Chester, MA 01011
Phone: (413) 354-7781

Fee: \$ _____
(Per pool / spa):
Indoor - \$200.00
Outdoor - \$200.00

APPLICATION FOR LICENSE TO OPERATE A POOL OR SPA

Date: _____

Name of Establishment: _____

Address of Establishment: _____

Telephone No. of Establishment: _____

Name of Owner: _____

Address of Owner: _____

POOL or SPA Dimensions: _____ SIZE (gallons): _____
circle one

Disinfectant Used _____ Type of filters _____ # _____ Size _____

Cleaning Supervisor _____ Maintenance Supervisor _____

Cleaning frequency _____ Certified Pool Operator _____

Other chemicals typically used: _____

Days and times of operation: _____

Drain cover make and model: _____

POOL or SPA Dimensions: _____ SIZE (gallons): _____
Circle one

Disinfectant Used _____ Type of filters _____ # _____ Size _____

Cleaning Supervisor _____ Maintenance Supervisor _____

Cleaning frequency _____ Certified Pool Operator _____

Other chemicals typically used: _____

Days and times of operation: _____

Drain cover make and model: _____

For Health Department Use Only:

☐ Permit(s) Approved by: _____ ☐ Disapproved

Reason: _____