

Wayne Township Health Department
475 Valley Road Wayne, NJ 07470
Phone: 973-694-1800 Fax: 973-696-8186

Public Recreational Facility License Application

New _____ Renewal _____

Name of Facility: _____

Location of Facility: _____

Type of Facility (Check all that apply):
Year Round _____ Seasonal _____

Pool _____ Wading Pool _____ Spray Park _____ Hot Tub _____ Bathing Beach _____

Facility Contact Person: _____

Address: _____

Phone: _____ Email: _____

T.P.O.'s Name, if applicable: _____

Phone: _____ Email: _____

Adult Supervisor Name: _____

Phone: _____ Email: _____

Licenses are valid for one year, expiring on May 15th of each year.

LICENSE FEE: \$100.00, non-refundable

Make checks payable to "Township of Wayne" and submit with this application.

The undersigned hereby applied for a Public Recreational Bathing Facility license and agrees to comply with and abide by all the ordinances, rules, and regulations of the Township of Wayne and Wayne Township Health Department.

Applicant Name (Printed): _____ Date: _____

Applicant Signature: _____

For Office Use Only:

Fee Paid: _____ Date Paid: _____ Check # _____ License # _____

New Applicant Only:

Approved by: _____ Date Approved: _____