

**BOROUGH OF PEAPACK AND GLADSTONE**

**Application For Public Recreational Bathing Facilities**

**FACILITY LOCATION INFORMATION:**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MANAGER OR PERSON IN CHARGE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**OPERATOR INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MANAGER OR PERSON IN CHARGE  
OF ABOVE NAMED FACILITY: \_\_\_\_\_

PHONE (DAY): \_\_\_\_\_ EMERGENCY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**LICENSE FEE: \$300 .00**

Please make check payable to “*BOROUGH of PEAPACK and GLADSTONE*”

License will be sent to Location Manager unless otherwise requested.

I hereby apply for a license to operate a public recreational bathing facility and agree to comply with all the provisions of Chapter 9 of the New Jersey Sanitary Code, and all codes regulating public recreational bathing facilities.

Signature \_\_\_\_\_



**Bernards Township Health Department**

262 South Finley Avenue  
Basking Ridge, NJ 07920  
P. 908.204.2520 F. 908.204.3075  
www.bernardshealth.org

*Contractual Health Agency for:*  
Bernards Township  
Bernardsville Borough  
Chester Borough  
Long Hill Township  
Mendham Borough  
Peapack and Gladstone Borough