



Town of Wilmington

Board of Health

Application for Pool License - 2015

Fee \$100.00

Date _____

To the Licensing Authorities:

The undersigned hereby applies for a license in accordance with the provisions of the Statutes relating thereto :

(Full name of person, firm or corporation making application)

Phone # of Applicant Day Night

Full name of person responsible

Phone # of responsible person Day Night

GIVE LOCATION

BY STREET

AND NUMBER

in said Town of Wilmington, MA, in accordance with the rules and regulations made under authority of said Statutes.

Signature of Applicant

Address

Fax #

E-mal address

Social Security #

Federal I.D.

Office Use Only

Date Received: _____

Amount Paid: _____

Check Number: _____

Permit Number: _____

Received By: _____

Signature of Town of Wilmington Treasurer