

Borough of Franklin Lakes  
Board of Health  
480 DeKorte Drive  
Franklin Lakes, NJ 07417  
201-891-0048, Extension 5  
Fax No. 201-891-0101

**Application for a Public Recreational Bathing Facility License  
\$250.00 License Fee**

Name of the establishment \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

If incorporated or partnership, list the name(s), address(es) and telephone number(s) of each partner \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of bathing facility (pool or lake) \_\_\_\_\_

List each employee that has a current C.P.O. license \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you operate a concession stand in the vicinity of the bathing facility? \_\_\_\_\_

If yes, have you obtained your current food license as required by Borough Ordinance? \_\_\_\_\_

Please note that the Franklin Lakes Health Department must be notified of all changes in the above stated information.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

