

Borough of Franklin Lakes
Board of Health
480 DeKorte Drive
Franklin Lakes, NJ 07417
201-891-4000, Extension 1209
Fax No. 201-891-0101

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

Name of the establishment _____

Address _____

Telephone number _____

Email address _____

If applicable, name of the pool management company _____

Address _____

Telephone number _____

Email address _____

Type of bathing facility (pool or lake) _____

Name of 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 _____