



Permit Application Page 2

BUREAU OF SANITATION & SAFETY

| Days of Operation | Hours of Operation | | |
|---|---|------------------|--|
| <input type="checkbox"/> MONDAY | | | |
| <input type="checkbox"/> TUESDAY | | | |
| <input type="checkbox"/> WEDNESDAY | | | |
| <input type="checkbox"/> THURSDAY | | | |
| <input type="checkbox"/> FRIDAY | | | |
| <input type="checkbox"/> SATURDAY | | | |
| <input type="checkbox"/> SUNDAY | | | |
| Number of Stations, Booths, Tables, Beds, etc. | | | |
| COSMETOLOGY: | <input type="checkbox"/> MOBILE? | | |
| MASSAGE: | TANNING: | BODY ART: | |
| Number of Lodging Rooms | | | |
| PUBLIC LODGING: | | | |
| Number of Trucks | | | |
| WASTE HAULER: | INFECTIOUS WASTE HAULER: | | |

Swimming Pool/Spa Program

Certified Pool Operator (CPO):

Name: _____
 Certification #: _____
 Certification Expiration Date: _____

Is the above CPO information current? Yes [] No []

Applicant must attach a copy of a current CPO/AFO certificate if not the same as the preprinted information above or if the certificate is expired.