\*\*\* Submit This Page With Application \*\*\*

***FOR OFFICE USE ONLY***	
Pool ID Number:	
License #	
Issue Date:	
Expiration Date:	
Fee Received:	
Date:	

# Rhode Island Center for Drinking Water Quality

Room 209 3 Capitol Hill Providence, RI 02908-5097

## Instructions and Application For

### **Aquatic Venue License**

Seasonal

Year Round

# **Type of Pool**

Traditional	
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Non-Traditional

] Therapeutic Pool/Spa/Hot Tub

Wading Pool

**Print Facility Name** 

Phone: 401-222-6867

Fax: 401-222-6953

Version April 2024

#### Licensure Information

### Year Round License Information

### All year-round licenses expire on December 31 of each year (including the year issued)

• Application Fee(s):

Two hundred fifty dollars (**\$250.00**) for the first pool and Seventy-five dollars **\$75.00** for each additional pool on site **Make checks payable to the General Treasurer, State of Rhode Island** 

#### **Seasonal License Information**

### Seasonal licenses expire on May 31 of each year (including the year issued)

Application Fee(s):

One hundred fifty dollars (**\$150.00**) for the first pool and Seventy-five dollars **\$75.00** for each additional pool on site **Make checks payable to the General Treasurer, State of Rhode Island** 

### **Tax Exempt License Information**

#### Tax-exempt 501 (c)(3) facility serving persons under age 18

Application Fee(s):

Twenty-five dollars (**\$25.00**) Make checks payable to the General Treasurer, State of Rhode Island

#### **Rules and Regulations**

The rules and regulations for the Licensing of Aquatic Venues (216-RICR-50-05-4) can be obtained by visiting the following link:

#### http://rules.sos.ri.gov/regulations/part/216-50-05-4

#### **General Instructions**

- 1. Make a copy of the application and forms before you begin in case you make a mistake.
- 2. Type the information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information. Be sure to print the establishment's name in the box provided on the cover page.
- 3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
- 4. It is suggested that a copy of the completed application be made before submitting it to the Center.
- 5. It is the applicant's responsibility to check on the status of the application.
- 6. Once your application is complete with all required documents, the license will be issued.

7. An inspection of your pool(s) will be conducted after the license is issued. These inspections are scheduled by the Department of Health and you will be notified of the time prior to the inspection.

Mail application and fee to:

Department of Health Center for Drinking Water Quality Room 209 3 Capitol Hill Providence, RI 02908-5097



# State of Rhode Island Center for Drinking Water Quality Application for Aquatic Venue License

Refer to t	he Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.
1. Facility Name:	
	Facility Name
2. Contact Person:	
Provide the name of the contact person for this	First Name Middle Name Surname, (Last Name)
facility.	
3. Facility Mailing	
Information:	First Line Address
Please provide the mail- ing information for all	
communication regard-	
ing this license. (Includ- ing Inspection Reports)	Third Line Address
It is your responsibility to notify the board of all	
address changes.	City State/Province ZIP Code
This information	
<u>will NOT</u> appear on the RIDOH web	Country, If NOT U.S. Postal Code, If NOT U.S.
site.	Mailing Address Phone Extension Mailing Address Fax
	Mailing Address Phone Extension Mailing Address Fax
	Email Address (Format for email address is Username@domain e.g. applicant@isp.com)
4. Facility Location	First Line Address
Information:	
	Second Line Address
This information will appear on the	
RIDOH web site.	
	City State/Province ZIP Code
	Facility Phone Extension Facility Fax
	Email Address (Format for email address is Username@domain e.g. applicant@isp.com)
5.Type of	Corporation
Ownership	
Please Check ONE	Sole Proprietorship
	Governmental Entity Other (Describe):
6. Condo Complex	
6. Condo Complex	☐ Is the facility a condo complex? ☐ Yes ☐ No
	If Yes, Number of Units:
	Is the Facility exempt from income taxes pursuant to Title 26 Section 501(c)(3) of the United
7.Tax Exempt	
License	States Tax Code? 🗌 Yes 🗌 No
Criteria	
	Does the organization provide recreation facilities for persons under the age of 18 year

#### Applicant: Print your complete business name >

8. Ownership	
Information: Provide the name ad- dress and telephone number(s) of the facillity owner in the spaces provided If necessary, con- tinue below, or on a separate of	Name of Owner
	D.B.A. (Doing Business As)
	First Line Address
	Second Line Address
8 1/2 X 11" sheet of paper.	
	City State/Province ZIP Code
	Country, If NOT U.S.     Postal Code, If NOT U.S.
	Phone Extension Fax
	Email Address (Format for email address is Username@domain e.g., applicant@isp.com)
9. FEIN Number	Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing
(Federal Employer	any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required
Identification	state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay
Number) Note: If you are a sole owner this	delinquent state taxes that is satisfactory to the Tax Administrator.
may be your Social Security Number	Please provide your SSN/FEIN for this license
10. Affidavit of	
Applicant	
	I,, being first duly sworn, depose and say that I am the person
	referred to in the foregoing application and supporting documents.
	I have read carefully the questions in the foregoing application and have answered them completely, without
	reservations of any kind, and I declare under penalty of perjury that my answers and all statements made
	by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license in the State of Rhode
	Island.
	Lunderstand that this is a continuing application and that I have an offirmative duty to inform the Phode
	I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Center for Drinking Water Quality of any change in the answers to these questions after this application
	and this affidavit is signed.
	Furthermore, I agree to comply with the lifeguard requirements contained in 23-22-6 of the Rhode Island
	General Laws.
	Signature of Applicant     Date of Signature (MM/DD/YY)