

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
- Non-Traditional
- Therapeutic Pool/Spa/Hot Tub
- Wading Pool

Print Facility Name

GENERAL INFORMATION

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 the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Facility Name: 	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <p style="font-size: small;">Facility Name</p>																																																																																																																																												
2. Contact Person: Provide the name of the contact person for this facility.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 40%;"></td><td style="width: 20%;"></td><td style="width: 40%;"></td> </tr> </table> <p style="font-size: small;">First Name Middle Name Surname, (Last Name)</p>																																																																																																																																												
3. Facility Mailing Information: Please provide the mailing information for all communication regarding this license. (Including Inspection Reports) It is your responsibility to notify the board of all address changes. <i>This information will NOT appear on the RIDOH web site.</i>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td colspan="20">First Line Address</td> </tr> <tr> <td colspan="20">Second Line Address</td> </tr> <tr> <td colspan="20">Third Line Address</td> </tr> <tr> <td colspan="10">City</td> <td colspan="5">State/Province</td> <td colspan="5">ZIP Code</td> </tr> <tr> <td colspan="10">Country, if NOT U.S.</td> <td colspan="10">Postal Code, if NOT U.S.</td> </tr> <tr> <td colspan="5">Mailing Address Phone</td> <td colspan="5">Extension</td> <td colspan="10">Mailing Address Fax</td> </tr> <tr> <td colspan="20">Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</td> </tr> </table>	First Line Address																				Second Line Address																				Third Line Address																				City										State/Province					ZIP Code					Country, if NOT U.S.										Postal Code, if NOT U.S.										Mailing Address Phone					Extension					Mailing Address Fax										Email Address (Format for email address is Username@domain e.g. applicant@isp.com)																			
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6. Condo Complex	<input type="checkbox"/> Is the facility a condo complex? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number of Units: <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																																																																																																																																												
7. Tax Exempt License Criteria	Is the Facility exempt from income taxes pursuant to Title 26 Section 501(c)(3) of the United States Tax Code? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the organization provide recreation facilities for persons under the age of 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																												

8. Ownership Information:

Provide the name address and telephone number(s) of the facility owner in the spaces provided. If necessary, continue below, or on a separate of 8 1/2 X 11" sheet of paper.

Name of Owner			
D.B.A. (Doing Business As)			
First Line Address			
Second Line Address			
Third Line Address			
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

(Federal Employer Identification Number) Note: If you are a sole owner this may be your Social Security Number

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

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.

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)