



Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Environmental Health

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Dr. Elizabeth Rivera-Rodriguez, DNP, MPH, MSN, RN
Director of Health & Social Services

Sumit Sharma, MPH, MDiv.
Deputy Director of Health & Social Services

Audrey M. Gaines, BS
Deputy Enforcement Officer

SWIMMING POOL LICENSE APPLICATION

OFFICE USE ONLY	
Insp. #	_____
Date:	_____
Late Charge:	_____
Fee: \$230	Total: _____
Cashier's Check:	_____
MO:	_____
Received by:	_____

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

CITY, TOWN & ZIPCODE: _____

PHONE: _____

NAME OF OWNER/MANAGER'S NAME: _____

CERTIFIED POOL OPERATOR: _____

HOME ADDRESS: _____

PHONE: _____

EMAIL: _____

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to conduct business that is complicit with all local, state, and federal mandates, as well as any emergent government orders; be considered responsible for all business operations including the establishment and its staff; perform business as described upon application according to the documents provided to the Bridgeport Health Department; be uninvolved in actions or events that would jeopardize community health. Must be renewed **MAY 15TH annually. Late charge is an additional \$230 dollar.**

THIS LICENSE IS NOT TRANSFERRABLE, NON-REFUNDABLE AND NOT PRORATED

Please make Cashier's check or Money Order to: **Bridgeport Health Department**

Applicant's Signature: _____ Date: _____