

****APPLICATION FOR PERMIT
to operate a Swimming Pool or Other Water Recreational Facility**

pursuant to Section 5 of the
Swimming Pools and Other Water Recreational Facilities Regulation, MR 132/97
under The Public Health Act

1. I, _____ of
(Legal name of company or individual proprietor)

Mailing Address _____

Phone No. _____ Fax _____ E-mail _____

hereby apply for a permit to operate a

(specify type of pool or facility)

located at _____ in the _____
(address) (City, Town, Village or RM)

of _____ in the Province of Manitoba.

2. I intend to operate the swimming pool or other water recreational facility *(check one)*:

_____ (a) year round; or

_____ (b) seasonally, commencing on or about _____ and
terminating on or about _____.

3. **If chlorine gas is used as a disinfectant, provide names of trained personnel:**

Date of Application

Signature of Applicant / Representative

****NOTE: ORIGINAL SIGNED COPY TO BE SUBMITTED TO THE PUBLIC HEALTH INSPECTOR.**