

ANNUAL PERMIT APPLICATION FOR RECREATIONAL WATER FACILITY

Swimming Pools and Other Water Recreational Facilities Regulation (MR 132/97)

www.manitoba.ca/healthprotection

PLEASE CHECK ONE OF THE FOLLOWIN	1G:		
☐ ANNUAL RE	GISTRATION	☐ CH	IANGE OF OWNERSHIP
Current Facility Number(s) (See Health	Permit)		<u> </u>
(If seasonal operation, please specify o	pening and closing date	s) Opening Date	:Closing Date:
FACILITY NAME:			
			POSTAL CODE:
			_EMAIL:
MAILING ADDRESS FOR BUSINESS:			
│	MAILING ADDRESS (i.e. P	.O. Box):	
CITY PROVINCE: POSTAL CODE:			
			AIL:
After hours contact information			
Person Operating the Swimming Pool or Other Water Recreational Facility "Operator" is the person responsible for the operation and maintenance and includes the owner" "Person" includes a partnership and any other organization or entity whether incorporated or not"			
If the Same as Previous Year Please Check Here			
☐ Company Name or Partnership			
☐ Condominium Corporation			
☐ Municipality (Provide Supervisor's Name, Office Mailing Address and Contact Information Below)			
□ Sole Proprietorship (Owner's Name)			
STREET ADDRESS:			
			POSTAL CODE:
			AIL:
PRIMARY OPERATOR:			
TELEPHONE: ()	CELL: ()	EM <i>A</i>	AIL:
Classification Type (CHECK ALL THAT APPLY):			
☐ <i>Public</i> Swimming Pool	☐ <i>Public</i> Wh	irlpool	☐ <i>Public</i> Wading Pool
☐ Semi-Public Swimming Pool	☐ <i>Semi-Public</i> Whirlpool		
☐ Water Spray Park (Splashpad)	☐ Other (Spe	Other (Specify)	
DATE	COLOMNED DEPOSES	ATN/F	CICNATURE OF OWNER/DEPRECENTATIVE
DATE NAME OF OWNER/REPRESENTATIVE SIGN (Please Print Clearly)			SIGNATURE OF OWNER/REPRESENTATIVE