



Health

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 FOLLOWING:

ANNUAL REGISTRATION

CHANGE OF OWNERSHIP

Current Facility Number(s) (See Health Permit) _____

(If seasonal operation, please specify opening and closing dates) Opening Date: _____ Closing Date: _____

FACILITY NAME: _____

STREET ADDRESS: _____ CITY: _____ POSTAL CODE: _____

TELEPHONE: (____) _____ FAX: (____) _____ EMAIL: _____

MAILING ADDRESS FOR BUSINESS:

SAME AS ABOVE ALTERNATE MAILING ADDRESS (i.e. P.O. Box): _____

CITY _____ PROVINCE: _____ POSTAL CODE: _____

CONTACT PERSON/ SITE MANAGER: _____

TELEPHONE: (____) _____ CELL: (____) _____ EMAIL: _____

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 If Different from last year, the following information must be provided:

- 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: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: (____) _____ CELL: (____) _____ EMAIL: _____

PRIMARY OPERATOR: _____

TELEPHONE: (____) _____ CELL: (____) _____ EMAIL: _____

Classification Type (CHECK ALL THAT APPLY):

Year Round

Seasonal

Public Swimming Pool

Public Whirlpool

Public Wading Pool

Semi-Public Swimming Pool

Semi-Public Whirlpool

Semi-Public Wading Pool

Water Spray Park (Splashpad)

Other (Specify) _____

DATE

NAME OF OWNER/REPRESENTATIVE

SIGNATURE OF OWNER/REPRESENTATIVE

(Please Print Clearly)