



PUBLIC BATHING PLACE LICENSE APPLICATION

*A correctly completed application and submission of the correct fee will result in a licensure inspection.
Demonstration of compliance during the licensure inspection is the trigger for a license to be issued.*

APPLICATION TYPE: Initial Change of Ownership Renewal: License # _____

FEE: Initial \$125 Renewal \$75 Late Renewal (30-90 days \$112.50
91+ days = lapsed license) Municipal (<5,000 pop.) \$50

FACILITY INFORMATION

Facility Name: _____ **County:** _____

Location/Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

APPLICANT INFORMATION Individual Corporate Municipal with population <5,000

Applicant Name: _____

Corporate Representative (if corporate): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone #: _____ **Alternate Phone #:** _____

Email Address: _____

Applicant/Agent Signature: _____ **Date:** _____

Please check the type of pool license for which you are applying.

Swimming Pool Wading Pool Spa Diving Tank Therapy Pool Other (please specify)