



**PUBLIC POOL
LICENSE APPLICATION**

Establishment ID: _____
Owner ID: _____
For office use only

PUBLIC SWIMMING POOL, SPA, RECREATIONAL BATHING AREA

- Swim. Pool Spa Pool Wading Pool Spray Pool Special Use Pool
- Indoor Outdoor
- General Use Limited Use
- Annual Seasonal
- Hotel/Motel/RV School/Camp/Municipal/County Apt/Condo/Mobile Home Park
- New Constr. Remodel Existing Facility
- Change of Ownership Former establishment name: _____

Establishment Name: _____

Establishment Physical Address: _____

Establishment Billing Address: _____

Establishment Phone #: _____ Other On Site Phone #: _____

Owner/Applicant Name: _____

- Individual Corporation Partnership Other: _____

Do you own other establishments licensed by the Health Dept.? No Yes

Name(s): _____

Owner Physical Address: _____

Owner Billing Address: _____

Owner Phone #: _____

Owner Cell #: _____

Owner Fax #: _____

Owner E-mail: _____

This application is made as required by Oregon Revised Statutes, Chapter 448, and is subject to compliance with these statutes and administrative rules thereunder. I certify that the facility is in compliance with the provisions of ORS 448, the rules adopted pursuant thereto, and that the information given in the above application is complete and accurate to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Mail application and check payable for \$_____ to your local Environmental Health Office at:

FOR OFFICE USE ONLY

Fee received: _____ Date: _____
 Cash Check# _____ Money Order

Inspected by: _____ Date: _____
 Approved Not Approved