PUBLIC POOL LICENSE APPLICATION
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 statues 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

DHS 34-716 REV 08/13