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

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