



Promoting  
healthy  
communities

### PUBLIC POOL LICENSE APPLICATION

Please review and provide the requested information for your establishment. Incomplete or unpaid applications will delay the issuance of your license. Any license issued pursuant to this application will be subject to applicable State regulations.

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Phone & E-mail of Establishment: \_\_\_\_\_

Site Manager: \_\_\_\_\_

Phone Number for 24-hour Emergency Contact: \_\_\_\_\_

Name of Legal Owner: \_\_\_\_\_

Address for Legal Notices: \_\_\_\_\_

License Fee: **\$100.00 per pool**

Number and Types of Pools \_\_\_\_\_ Period of Operation: \_\_\_\_\_

Swimming: \_\_\_\_\_ Seasonal:

Wading: \_\_\_\_\_ Year Round:

Spa: \_\_\_\_\_

Other (waterslide, water playground, etc): \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Please Print Name

Make checks payable to: Ledge Light Health District  
(There is a \$25.00 charge for all returned checks)

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**Office Use Only:** *Date Paid:* \_\_\_\_\_ *Check Number:* \_\_\_\_\_ *Cash:* \_\_\_\_\_ *Other:* \_\_\_\_\_