

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 and local regulations.

Date Paid:	Check Number:	Cash:	Other:	Receipt #:	Rev 4/2
Office Use Only:					
	able to: Ledge Light Health paid online at <u>llhd.square.s</u>	•		all returned checks).	
Applicant's Signa	ture	Applicant's Na	me (printed)	Date	
Other (water slid	e, splash park, etc):				
Spa: _					
Vading:		Year Round			
Swimming: _				Seasonal	
Number and Types of Pools:		Period of Operation:			
License Fee: \$10 0) per pool				
Address for Lega	Notices:				
Name of Legal O	wner:				
24-hour Emerger	ncy Contact Number:				
Site Manager:					
Phone & Email of					
Address of Estab	lishment:				
Name of Establis	hment:				