



**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