

License # _____



STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

APPLICATION FOR LICENSE FOR
SWIMMING POOL OR RECREATIONAL BATHING FACILITY

Please check correct box:
 This is the first application in this applicant's name
 This is a renewal application.

Official name of establishment _____

Mailing Address of establishment _____
STREET CITY STATE ZIP

Location if other than above _____
STREET CITY STATE ZIP

Telephone number of establishment _____

Name of Applicant (individual, partnership, corporation) _____

Mailing address of applicant _____
STREET CITY STATE ZIP

Date applicant commenced business at this establishment _____
MONTH YEAR

Has name of establishment been changed within past year? Yes No

If yes, state prior name _____

- Check all that apply:
- | | |
|---|---|
| <input type="checkbox"/> General Use | <input type="checkbox"/> Limited Use-Patrons only |
| <input type="checkbox"/> Annual Operation | <input type="checkbox"/> Seasonal Operation |
| <input type="checkbox"/> Indoor | <input type="checkbox"/> Outdoor |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Therapy Pool |
| <input type="checkbox"/> Spray Pool | <input type="checkbox"/> Bath House |

What are the days and hours of pool operation? _____

- Pool is operated in
Conjunction with:
(Check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Motel | <input type="checkbox"/> Apartment House |
| <input type="checkbox"/> Mobile Home Park | <input type="checkbox"/> School |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Public Recreation Facility |
| <input type="checkbox"/> Recreation Facility | <input type="checkbox"/> Other (Specify) |

Application fee enclosed \$_____

Mail check and/or complete application to:

All licenses issued under these statutes automatically expire on December 31 of each year and must be renewed before January 1 of the next year. This application is made as required by Oregon Revised Statutes 448 and is subject to compliance with these statutes and administrative rules thereunder.

In the event of transfer of ownership, the new owner must immediately secure a new license.

I certify that the above information given in the above is complete and accurate to the best of my knowledge.

Signature of applicant or authorized representative Date of Application

Please do not write below this line

APPLICATION APPROVED BY _____ DATE APPROVED _____