



**Deschutes County Health Services
Environmental Health Division
2577 NE Courtney Drive, Bend, OR 97701
PHONE: (541) 322-7400 FAX: (541) 322-7604
www.deschutes.org/cdd/pools**

APPLICATION TO LICENSE PUBLIC SWIMMING POOL, SPA, OR RECREATIONAL BATHING AREA

Please print

Name of establishment _____ Former name? _____

Exact **location** of establishment _____
street city zip

Mailing address of establishment _____
street city state zip

Establishment telephone _____ Establishment email _____

Owner/Applicant Name _____ Owner telephone _____

Owner mailing address _____
street city state zip

Contact e mail _____

Check all that apply:

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> General Use | <input type="checkbox"/> Limited Use – Patrons, members or residents only | | |
| <input type="checkbox"/> Annual Operation | <input type="checkbox"/> Seasonal Operation | | |
| <input type="checkbox"/> Indoor | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Special Use Pool | |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Therapy Pool (Spa) | <input type="checkbox"/> Spray Pad | <input type="checkbox"/> Wading Pool |

Dates of operation _____ and hours of pool operation: _____

Pool operated in conjunction with: (Check all that apply)

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Apartment/Condo | <input type="checkbox"/> Municipal / County | <input type="checkbox"/> Mobile Home Park |
| <input type="checkbox"/> Resort | <input type="checkbox"/> Health Club / Physical Therapy | <input type="checkbox"/> Other (Specify) _____ | |

Make check payable to: ***Deschutes County***

- ✓ 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 ORS Chapter 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 information given in the above application is complete and accurate to the best of my knowledge.

Applicant signature _____

Date _____

Mail application and check to :

**Deschutes County Health Services
Environmental Health Division
2577 NE Courtney Drive
Bend, OR 97701**

For office use:

Receipt # _____

Staff initials _____

Computer # _____