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 ____________

Owner email________________________

Contact email________________________

Check all that apply:
☐ General Use  ☐ Limited Use – Patrons, members or residents only
☐ Annual Operation  ☐ Seasonal Operation
☐ Indoor  ☐ Outdoor
☐ Swimming Pool  ☐ Therapy Pool (Spa)  ☐ Special Use Pool
☐ Spray Pad  ☐ Wading Pool

Dates of operation: _________________________   Hours of pool operation: _________________________

Pool operated in conjunction with: (Check all that apply)
☐ Hotel/Motel  ☐ Apartment/Condo  ☐ Municipal / County  ☐ Mobile Home Park
☐ Resort  ☐ Health Club / Physical Therapy  ☐ 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 # ______________

Pool / Spa License Application 06162010