

# Application for a License to Operate a: (check only one)

Public Swimming Pool

**Instructions:**

1. Complete the applicable section. (Make any corrections if necessary.) 2. Sign and date the application.

Public Spa

3. Make a check or money order payable to:

Return check and signed application to:

Special Use Pool

Name of Pool/Spa			
Exact Street Address or Location			
City	State	ZIP	Phone #
Name of Licensee			
Address of Licensee			
City	State	ZIP	Phone #
Pool/Spa Vol. (Gal.)	Pool/Spa Surface Area (Sq. Ft)	Water Supply: Community                      Licensee owned                      Other:	

**Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee**

Address (including city, state, zip)

Name Phone #

**Local Licensing Authority to Complete Below**

*/ hereby certify that / am the licensee, or the authorized representative, of the pool/spa indicated above:*

Signature Date

**Application approved for license as required by section 3749. of the Ohio Revised Code.**

License Fee	+ State Amount	= Total Amount Due
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By \_\_\_\_\_ Date \_\_\_\_\_

Audit No. \_\_\_\_\_ License No. \_\_\_\_\_