

Establishment # \_\_\_\_\_  
 Owner ID# \_\_\_\_\_  
 Construction Permit# \_\_\_\_\_  
 \_\_\_\_\_ Number of Pools at this Site

STATE OF OREGON  
 DEPARTMENT OF HUMAN SERVICES  
 Oregon State Health Division



**APPLICATION FOR LICENSE FOR PUBLIC SWIMMING POOL, SPA OR RECREATIONAL BATHING FACILITY**  
**(Each pool must have a separate application.)**

New Pool     Change of Ownership    Opening date for current ownership: Month \_\_\_\_\_ Year \_\_\_\_\_

Establishment Name: \_\_\_\_\_ Former name \_\_\_\_\_

Owner Name: \_\_\_\_\_  
 (individual, partnership, corporation)

Telephone Numbers: Establishment: (\_\_\_\_) \_\_\_\_\_ Owner: (\_\_\_\_) \_\_\_\_\_

**Address:**

<b>Check <input checked="" type="checkbox"/> preference address for correspondence purposes</b>	<input type="checkbox"/> Owner/Applicant mailing address	_____	_____	_____	_____
		Street	City	State	Zip
	<input type="checkbox"/> Mailing address for establishment	_____	_____	_____	_____
		Street	City	State	Zip
	<input type="checkbox"/> Physical Address of establishment	_____	_____	_____	_____
		Street	City	State	Zip

**Pool Usage: (check all that apply)**

<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Wading Pool <input type="checkbox"/> Spa Pool <input type="checkbox"/> Spray Pool <input type="checkbox"/> Other type pool: _____	<input type="checkbox"/> <b>Indoor</b>  <input type="checkbox"/> <b>Outdoor</b>	<input type="checkbox"/> General Use  <input type="checkbox"/> Limited Use-Restricted to member, patrons or residents of a companion facility	<input type="checkbox"/> <b>Annual Operation</b>  <input type="checkbox"/> <b>Seasonal Operation</b> Dates _____ Hours _____	<input type="checkbox"/> Hotel/Motel/ RV Park <input type="checkbox"/> School/Camp/ Municipal/County <input type="checkbox"/> Apartment/Condo/ Mobile Home Park <input type="checkbox"/> Other _____
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Mail check and/or complete application to:     Application fee enclosed \$ \_\_\_\_\_

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

**Office Use Only**

APPLICATION APPROVED BY \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

**This information available in alternate format. Contact the Pool Program at 503.731.4012.**