



MULTNOMAH COUNTY OREGON  
ENVIRONMENTAL HEALTH SECTION  
3653 SE 34<sup>th</sup> Avenue  
PORTLAND, OR 97202  
(503) 988-3400; FAX (503) 988-5844  
[www.mchealthinspect.org](http://www.mchealthinspect.org)

## APPLICATION FOR LICENSE SWIMMING POOL/SPA POOL/WADING POOL

NAME OF ESTABLISHMENT: \_\_\_\_\_ ESTABLISHMENT #: \_\_\_\_\_

EXACT LOCATION  
OF ESTABLISHMENT: \_\_\_\_\_  
Number and Street City Zip Bus. Ph. Number Cell Ph. Number

BUSINESS IS OWNED BY: \_\_\_\_\_

MAILING/BILLING ADDRESS: \_\_\_\_\_  
Number and Street City Zip Bus. Ph. Number Cell Ph. Number

HAS THE COMPANY NAME OR MANAGEMENT CHANGED IN PAST YEAR? ☐ YES ☐ NO  
REGISTERED AGENT  
(IF CORPORATION): \_\_\_\_\_

\_\_\_\_\_  
Number and Street City Zip Bus. Ph. Number Cell Ph. Number

PROPERTY MANAGER  
(IF OTHER THAN APPLICANT): \_\_\_\_\_

\_\_\_\_\_  
Number and Street City Zip Bus. Ph. Number Cell Ph. Number

DATE APPLICANT COMMENCED BUSINESS AT THIS ESTABLISHMENT: \_\_\_\_\_

IF NAME OF ESTABLISHMENT HAS CHANGED WITHIN PAST YEAR, GIVE PRIOR NAME: \_\_\_\_\_

CHECK ALL THAT APPLY:

<input type="checkbox"/>	GENERAL USE	<input type="checkbox"/>	OPEN YEAR ROUND
<input type="checkbox"/>	LIMITED USE, PATRONS ONLY	<input type="checkbox"/>	OPEN SEASONALLY
<input type="checkbox"/>	INDOOR	<input type="checkbox"/>	SWIMMING POOL
<input type="checkbox"/>	OUTDOOR	<input type="checkbox"/>	SPA POOL
		<input type="checkbox"/>	WADING POOL

Opening Date: \_\_\_\_\_

POOL, SPA OR WADING POOL IS OPERATED IN CONJUNCTION WITH (TYPE OF BUSINESS): \_\_\_\_\_

LICENSES ARE REQUIRED BY LAW, AND ARE ISSUED SUBJECT TO APPLICANT'S COMPLIANCE WITH OREGON REVISED STATUTES 448. LICENSES ARE NOT TRANSFERABLE, AND EXPIRE ON DECEMBER 31 OF YEAR ISSUED. PENALTY OF 50% OF LICENSE FEE FOR FAILURE TO REMIT APPLICATION AND LICENSE FEE WITHIN 30 DAYS OF OPENING. LICENSE FEES ARE NOT REFUNDABLE. ALL INFORMATION CONTAINED IN THIS RECORD IS PUBLIC. PLEASE REFER TO FEE SCHEDULE OR CALL OUR OFFICE FOR INFORMATION REGARDING LICENSE FEE.

LICENSE FEE PER POOL, SPA OR WADING: \$ \_\_\_\_\_

MAIL FEE PER POOL, SPA OR WADING TO:

MULTNOMAH COUNTY ENVIRONMENTAL HEALTH  
3653 SE 34<sup>TH</sup> AVENUE  
PORTLAND, OREGON 97202  
PHONE: (503) 988-3400; FAX: (503) 988-5844

Signature of Applicant (Owner) \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

DATE APPLICATION RECEIVED: \_\_\_\_\_ FEE RECEIVED: \$ \_\_\_\_\_ DATE FEE RECEIVED: \_\_\_\_\_

CHECK #: \_\_\_\_\_ CASH / CC: \_\_\_\_\_ FEE RECEIVED BY: \_\_\_\_\_