

# Environmental Health Services



## Application For License: Swimming Pool/Spa/Wading Pool

Name of establishment: \_\_\_\_\_ Establishment #: \_\_\_\_\_

Address of establishment: \_\_\_\_\_ Bus. phone: \_\_\_\_\_

Business owner: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing/Billing address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Has the company name changed in the past year?  Yes  No

Registered agent if corporation: \_\_\_\_\_

Address: \_\_\_\_\_ Bus. phone: \_\_\_\_\_

Property manager name: \_\_\_\_\_

Address: \_\_\_\_\_ Bus. phone: \_\_\_\_\_

Date applicant commenced business at this location: \_\_\_\_\_

If name of establishment has changed within the 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 – Opening date: _____ |
| <input type="checkbox"/> Indoor                   | <input type="checkbox"/> Swimming pool                         |
| <input type="checkbox"/> Outdoor                  | <input type="checkbox"/> Spa pool                              |
|   | <input type="checkbox"/> Wading pool                           |

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 licensing fee.

License fee per pool, spa, or wading: \$ \_\_\_\_\_

Mail fee to: Multnomah County Environmental Health Services, 847 NE 19th Ave, Suite 350, Portland, OR 97232.

Signature of applicant (owner): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use ONLY:</b>		
Date application received: _____	Fee received: \$ _____	Date fee received: _____
Check #: _____	Cash/CC: _____	Fee received by: _____