



## PUBLIC SWIMMING POOL / SPA LICENSE APPLICATION

Pool or Facility Trade Name: \_\_\_\_\_

Location: \_\_\_\_\_

Mailing Address (if other than above): \_\_\_\_\_

Name of Owner: _____	Phone: _____
Address: _____	
Name of Manager: _____	Phone: _____
Address: _____	

Type of Facility (check all that apply):

Motel                       Year-round                       Apartment/Club/Condo                       Spa/Therapy  
 Outdoor                       Seasonal                       Public Pool                       Main Pool

Operated in Conjunction with:

Motel                       School                       Public Recreation Facility  
 Apartment House                       Camp                       Commercial Recreation Facility  
 Mobile Home Park                       Other (specify): \_\_\_\_\_

### FEE SCHEDULE

1 <sup>st</sup> pool year-round general or limited ... \$326.00	2 <sup>nd</sup> pool year-round general or limited ... \$213.00
1 <sup>st</sup> pool seasonal general or limited .....\$296.00	2 <sup>nd</sup> pool seasonal general or limited .....\$213.00
1 <sup>st</sup> spa year-round general or limited ..... \$326.00	2 <sup>nd</sup> spa year-round general or limited ..... \$213.00
1 <sup>st</sup> spa seasonal general or limited .....\$296.00	2 <sup>nd</sup> spa seasonal general or limited .....\$213.00

Make check payable and mail to: **Marion County Environmental Health**  
**3180 Center St NE, Suite 2274**  
**Salem, Oregon 97301-4592**

***NOTE: The license and renewal notices are sent to the mailing address of the facility.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

Date Application received: \_\_\_\_\_ Fee received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Limitations or Conditions: \_\_\_\_\_