



Establishment ID: _____
Owner ID: _____
For office use only

**PUBLIC POOL
LICENSE APPLICATION**

PUBLIC SWIMMING POOL, SPA, RECREATIONAL BATHING AREA

- Swim. Pool Spa Pool Wading Pool Spray Pool Special Use Pool
 Indoor Outdoor
 General Use Limited Use
 Annual Seasonal
 Hotel/Motel/RV School/Camp/Municipal/County Apt/Condo/Mobile Home Park
 New Constr. Remodel Existing Facility
 Change of Ownership Former establishment name: _____

Establishment Name: _____
Establishment Physical Address: _____
Establishment Billing Address: _____
Establishment Phone #: _____ Other On Site Phone #: _____

Owner/Applicant Name: _____

- Individual Corporation Partnership Other: _____

Do you own other establishments licensed by the Health Dept.? No Yes

Name(s): _____

Owner Physical Address: _____
Owner Billing Address: _____
Owner Phone #: _____ Owner Cell #: _____
Owner Fax #: _____ Owner E-mail: _____

This application is made as required by Oregon Revised Statutes, Chapter 448, and is subject to compliance with these statutes and administrative rules thereunder. I certify that the facility is in compliance with the provisions of ORS 448, the rules adopted pursuant thereto, and that the information given in the above application is complete and accurate to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Mail application and check payable for \$_____ to your local Environmental Health Office at:
Marion County Environmental Health
3180 Center Street NE #1101
Salem, Oregon 97301

FOR OFFICE USE ONLY

Fee received: _____ Receipt# _____ Date: _____
 Card Cash Check# _____ Money Order
Inspected by: _____ Date: _____
 Approved Not Approved