

WICOMICO COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH
108 EAST MAIN ST., SALISBURY, MARYLAND 21801
410-546-4446

**APPLICATION FOR LICENSE TO OPERATE PUBLIC SWIMMING POOL/SPA
POOL FEE \$500 SPA FEE \$250**

Application is hereby made to operate a: Pool Spa

Facility Name: _____

Property ID: _____
Establishment ID: _____
Sanitarian: _____
Check: Cash:
Receipt#: _____

Period of operation: year round or seasonal from _____ to _____

Name of pool/spa as it is to appear on permit: _____

Address of pool/spa: _____ Office Phone: _____
Pool Phone: _____
Email Address: _____ Fax Number: _____

Address to mail permit: _____

Individual owner of facility: _____

For other than individual ownership, provide the following information: if corporation give legal corporate name and presidents name; if a partnership give full partnership name and the name(s) of the general partner(s).

Corporation	Corporation Address	President
Partnership	Partnership Address	General Partners

Pool management company (if any) & phone: _____

Hour of operations: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Specific hours: _____

Will lessons be taught? Yes No If so, specify days and hours: _____

Will swim meets be held? Yes No If so, specify days and hours: _____

Maximum number of bathers allowed in pool area: _____

Certified operators (provide photocopy of license): _____

Certified lifeguards (provide photocopy of license): _____

CPR and First Aid Personnel(provide photocopy of certificates): _____

Disinfection Type: _____ Filtration Type: _____

Pool Volume Main: _____ Wading: _____ Spa Volume: _____ Other: _____

Main drain grate has been checked and found intact and secure. Yes No

Fill water source for pool/spa: Public Private Irrigation Other _____

Make up water source for pool/spa: Public Private Irrigation Other _____

Date: _____ Signature of owner or owner's agent: _____