

# Application for a License to Operate a: (check only one)

- Public Swimming Pool
- Public Spa
- Special Use Pool

**Instructions:**

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application to:

Name of Pool/Spa			
Exact Street Address or Location			
City	State	ZIP	Phone #
Name of Licensee			
Address of Licensee			
City	State	ZIP	Phone #
Pool/Spa Vol. (Gal.)	Pool/Spa Surface Area (Sq Ft)	Water Supply <input type="checkbox"/> Community <input type="checkbox"/> Licensee owned <input type="checkbox"/> Other:	

**Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee**

Name	Phone #
Address (including city, state, zip)	

*I hereby certify that I am the licensee, or the authorized representative, of the pool/spa indicated above:*

Signature	Date
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**Local Licensing Authority to Complete Below**

License Fee	+ State Amount	= Total Amount Due
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**Application approved for license as required by section 3749. of the Ohio Revised Code.**

By	Date
Audit No.	License No.