Talbot County Health Department
Office of Environmental Health
215 Bay Street, Suite 4
Easton, Maryland 21601

APPLICATION FOR ANNUAL SWIMMING POOL-SPA OPERATION PERMIT

Application is hereby made for a permit to operate a:

Permanent ( ) Seasonal ( ) from _____ to _____

indoor ( ) outdoor ( ) swimming pool ( ) wading pool ( ) spa/hot tub ( )

Facility Type:

Apartment Complex ( ) Camp ( ) Club ( ) Community ( ) Condominium ( ) Motel/Hotel ( )

School ( ) Marina ( ) Therapy ( ) Spa ( ) Other ( ) please specify_____

Name of Facility _____

Address of Facility _____

_____

Mailing Address _____

_____

Owner of Facility _____

For other than individual ownership, provide the following information: if Corporation give legal Corporate name and President's name; if Partnership give full partnership name and the names of general partner(s)

_____

Corporation Corporate Address President

_____

Partnership Partnership Address General Partners

Phone Number:_____ Fax Number:_____

Website:_____

Days and Hours of Operation:_____

Certified Pool Operators (Must include copy of current Operator Certification Card)

(1)_____ (3)_____

(2)_____ (4)_____

_____

Signature of Owner or Agent Date