

### Public Pool License Application

Please review and provide the requested information for your establishment. Incomplete or unpaid applications will delay the issuance of your license. Any license issued pursuant to this application will be subject to applicable State and local regulations.

Name of Establishment: \_\_\_\_\_  
Address of Establishment: \_\_\_\_\_  
Phone & Email of Establishment: \_\_\_\_\_  
Site Manager: \_\_\_\_\_  
24-hour Emergency Contact Number: \_\_\_\_\_  
Name of Legal Owner: \_\_\_\_\_  
Address for Legal Notices: \_\_\_\_\_  
\_\_\_\_\_

License Fee: **\$100 per pool**

Number and Types of Pools: \_\_\_\_\_ Period of Operation: \_\_\_\_\_  
Swimming: \_\_\_\_\_  Seasonal  
Wading: \_\_\_\_\_  Year Round  
Spa: \_\_\_\_\_  
Other (water slide, splash park, etc): \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature                      Applicant's Name (printed)                      Date

Make checks payable to: Ledge Light Health District (There is a \$25.00 charge for all returned checks). Fees can also be paid online at <http://pay.llhd.org/> or at our office with a credit card.

**Office Use Only:**

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_ Other: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Rev 4/30/17