

**Ledge Light Health District
2011 PUBLIC POOL LICENSE APPLICATION**

Please review and provide the requested information for your establishment. Incomplete or unpaid applications will delay the issuance of your 2011 license. Any license issued pursuant to this application will be subject to applicable State regulations. **Licenses are not transferable.**

Name of Establishment: _____
Address of Establishment: _____
Phone Number of Establishment: _____
Site Manager: _____
Phone Number for 24-hour Emergency Contact: _____

Name of Legal Owner: _____
Address for Legal Notices: _____

Number and Types of Pools Fee: \$100.00 per pool

Year Round Swimming: _____
Year Round Wading: _____
Year Round Spa: _____
Year Round Other (water slide, water playground, etc): _____

Seasonal Swimming: _____
Seasonal Wading: _____
Seasonal Spa: _____
Seasonal Other (water slide, water playground, etc): _____

Total Pools: _____ Total Fee Due: _____

Applicant Signature Date

Please Print Name Date

Make checks payable to: Ledge Light Health District
(There is a \$25.00 charge for all returned checks)

Office Use Only: Date Paid: _____ Check Number: _____ Cash: _____