



Marion County Public Health Department
 DEPARTMENT OF WATER QUALITY AND HAZARDOUS MATERIALS MANAGEMENT
 3901 MEADOWS DRIVE, 2ND FLOOR
 INDIANAPOLIS, INDIANA 46205-2930
 317/221-2270

**PUBLIC BATHING FACILITY
 APPLICATION FOR LICENSE**

<p>OWNER / RESPONSIBLE PARTY CONTACT INFO</p> <p>Name: _____ Address: _____ _____ _____</p> <p>MANAGEMENT COMPANY CONTACT INFO</p> <p>Name: _____ Address: _____ _____ _____</p>	<p>FACILITY INFORMATION</p> <p>Name: _____ Address: _____ _____ _____</p> <p>POOL MANAGEMENT COMPANY CONTACT INFO</p> <p>Name: _____ Address: _____ _____ _____</p>
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IMPORTANT: LICENSEES MUST RENEW THE PUBLIC BATHING FACILITY LICENSE BEFORE MARCH 1ST TO AVOID PAYING A 25% DELINQUENT FEE. A LICENSE MAY NOT BE TRANSFERRED TO ANOTHER PERSON OR ANOTHER LOCATION. IF APPLYING FOR A NEW LICENSE, CHECK THE BOX BELOW AND USE THE SPACES BELOW TO UPDATE THE FACILITY AND CONTACT INFORMATION. NEW APPLICANTS MUST CALL 317-221-2270 TO SCHEDULE AN INSPECTION PRIOR TO OPERATING ANY PUBLIC BATHING FACILITY

USE THIS AREA TO UPDATE FACILITY AND CONTACT INFORMATION

<p>OWNER / RESPONSIBLE PARTY CONTACT INFO</p> <p>Name: _____ Address: _____ _____ Phone: _____ Email: _____</p> <p>MANAGEMENT COMPANY CONTACT INFO</p> <p>Name: _____ Address: _____ _____ Phone: _____ Email: _____</p>	<p>FACILITY INFORMATION</p> <p>Name: _____ Address: _____ _____ Phone: _____ Email: _____</p> <p>POOL MANAGEMENT COMPANY CONTACT INFO</p> <p>Name: _____ Address: _____ _____ Phone: _____ Email: _____</p>
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FOR LICENSING OF _____ SUMMER-ONLY AND OF _____ YEAR-ROUND POOL(S)

YOUR RENEWAL FEE HAS BEEN ESTABLISHED USING THE FOLLOWING TABLE IN ACCORDANCE WITH AND PURSUANT TO PROVISION OF THE CODE, CHAPTER 16, OF THE HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY, INDIANA.

NOTE: APPLICATION FOR A POOL/BEACH LICENSE GRANTS PERMISSION TO THE DIVISION OF PUBLIC HEALTH TO INSPECT SUCH FACILITIES AT PROPER TIMES UPON PROPER NOTICE. FOR ASSISTANCE CALL 317/221-2270.

FEE SCHEDULE (ALL OUSTANDING FINES AND FEES MUST BE PAID)
 \$600 for first year-round pool plus \$305 for each additional year-round pool
 \$310 for first summer-only pool plus \$165 for each additional summer-only pool

PLEASE PAY
AFTER MARCH 1
Plus 25% Delinquent Fee
Late Fee: _____
Total Fee: _____

**MAKE CHECKS PAYABLE TO:
 HEALTH AND HOSPITAL
 CORPORATION**

**APPLICANT'S
 SIGNATURE X:** _____

DATE: _____

(NOT VALID WITHOUT SIGNATURE)