



Montgomery County Department of Health and Human Services
 Licensure and Regulatory Services
 255 Rockville Pike, Suite 100, 1st Floor, Rockville, Maryland 20850
 Phone: 240-777-3986 Fax: 240-777-3088
www.montgomerycountymd.gov/licensure

SWIMMING POOL OPERATING PERMIT APPLICATION
 (LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

New Renewal

TODAY'S DATE: _____

Name of Pool Facility: _____

Pool Facility Address: _____

Telephone No.: _____ Fax No.: _____ Federal Tax ID: _____

Email Address: _____ Telephone No.: _____

Name of Owner: _____

Owner Mailing Address: _____

Telephone No.: _____ Fax No.: _____ Email Address: _____

Pool Management Company (if applicable): _____

Opening Date: _____ Closing Date: _____ Days and Hours of Operation: _____

<u>Type</u>	<u>Amount</u>	<u>Outdoor #</u>	<u>Indoor #</u>	<u>Total #</u>
Pool or Spa GREATER than 100, 000 gallons	\$760 each			
Pool or Spa LESS than 100, 000 gallons	\$650 each			
Wading Pool	\$75 each			

Workers' Compensation Insurance Company Name: _____ Policy/Binder No.: _____

Check here if this facility is operated by a sole proprietor with no employees, or by members of a partnership or LLC, and a Certificate of Compliance has been obtained.

If you do not have Worker's Compensation Insurance, you must submit a copy of the Certificate of Compliance issued by the Worker's Compensation Commission (410-864-5100 or 800-492-0479).

SIGNATURE OF APPLICANT: _____

PRINTED NAME AND TITLE OF APPLICANT: _____

Submit completed application and fee to address above. CASH IS NOT ACCEPTED. Checks/Money Orders payable to: "Montgomery County, Maryland".

Payment Method (select payment method): Check or Money Order
 Visa or Master Card Only (complete information below)

OFFICE USE ONLY

Receipt No.: _____ Date Received: _____ Amount Paid: _____ Staff Initials: _____

Check/Money Order No.: _____ Credit Card Approval Code MC/VISA): _____

CREDIT CARD PAYMENT SECTION (confidential fax line for credit card payment: 240-777-4531)

Credit Cardholder's Name: _____ Credit Card No: _____

Exp. Date: _____ 3 Digit Security Code: _____ Amount: \$ _____

I agree to pay the above total amount according to the card issuer agreement:

Cardholder's Signature: _____