



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 MANAGEMENT COMPANY REGISTRATION

(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

TODAY'S DATE: _____

New Renewal

Fee: \$55 Per Facility

Management Company Name: _____

Management Company Address: _____

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

Email Address (REQUIRED): _____ Telephone No.: _____

Pool Name (Facility): _____

Pool Address: _____

Pool Management Company Representative Responsible for this facility:

Name: _____ Telephone No.: _____ Fax: No.: _____

Email Address: (REQUIRED) _____

Date individual was notified or will be notified regarding this assignment: _____

Pool Management Company responsibilities: (Check all that apply):

- Assuring compliance with all operating standards set forth in Chapter 51 of the Montgomery County Code and all rules and regulations promulgated hereunder.
 Providing for the physical maintenance, supplies and personnel as required by Chapter 51 and all rules and regulations promulgated hereunder.
 Obtaining all necessary permits and licenses.

NOTE: POOL MANAGEMNET COMPANY MUST NOTIFY THE LICENSURE AND REGULATORY SERVICES DIVISION WITHIN 48 HOURS OF ANY CHANGE IN RESPONSIBLE PERSONNEL.

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: _____