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: _____

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).

_____

I hereby certify that the above information is accurate and complete:
Signature of Applicant: _____Printed Name and Title of Applicant: _____

Payment Method: $55 (Per Facility) Area:

☐ Check ☐ Money Order ☐ Visa ☐ MasterCard **CASH IS NOT ACCEPTED** Amount: $_____

Credit card payments fax to: 240-777-4531 (confidential fax line).
Credit Cardholder's Name: _____

Credit Card No: _____ Exp. Date: _____ 3 Digit Security Code: _____

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

Cardholder's Signature: _____

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to "Montgomery County, Maryland".

OFFICE USE ONLY

Receipt No: _____ Amount Paid: _____ Date Received: _____

Approval/Check #: _____ Expires: _____ Staff Initials: _____