



**Montgomery County Department of Health and Human Services  
 Licensure and Regulatory Services  
 2425 Reddie Drive, 9<sup>th</sup> Floor, Wheaton, MD 20902  
 Phone: 240-777-3986 Fax: 240-777-3088 or 240-777-4531  
[www.montgomerycountymd.gov/licensure](http://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:** \_\_\_\_\_

| OFFICE USE ONLY:             |  |                    |                      |
|------------------------------|--|--------------------|----------------------|
| Receipt No.: _____           | Date Received: _____                       | Amount Paid: _____ | Staff Initial: _____ |
| Check/Money Order No.: _____ | Credit Card Approval Code (MC/VISA): _____ |                    |                      |

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

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

**CREDIT CARD SECTION**

Credit Cardholder's Name: \_\_\_\_\_ Credit Card No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_

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

Cardholder's Signature: \_\_\_\_\_