

Talbot County Health Department
Office of Environmental Health
215 Bay Street, Suite 4
Easton, Maryland 21601

APPLICATION FOR ANNUAL SWIMMING POOL-SPA OPERATION PERMIT

Application is hereby made for a permit to operate a:

Permanent () Seasonal () from _____ to _____
indoor () outdoor () swimming pool () wading pool () spa/hot tub ()

Facility Type:

Apartment Complex () Camp () Club () Community () Condominium () Motel/Hotel ()
School () Marina () Therapy () Spa () Other () please specify _____

Name of Facility _____

Address of Facility _____

Mailing Address _____

Owner of Facility _____

For other than individual ownership, provide the following information: if Corporation give legal Corporate name and President's name; if Partnership give full partnership name and the names of general partner(s)

Corporation Corporate Address President

Partnership Partnership Address General Partners

Phone Number: _____ Fax Number: _____

Website: _____

Days and Hours of Operation: _____

Certified Pool Operators (Must include copy of current Operator Certification Card)

(1) _____ (3) _____
(2) _____ (4) _____

Signature of Owner or Agent

Date