

**PUBLIC SPA / SWIMMING POOL
LICENSE APPLICATION**

PLEASE READ CAREFULLY

Prince George's County Health Department
Division of Environmental Health, Plan Review/Institutions Program
 Largo Government Center
 9201 Basil Court, Suite 318
 Largo, Maryland 20774-5310
 Office: 301-883-7650 TDD for the hearing impaired: 301-883-5025

INSTRUCTIONS	<ul style="list-style-type: none"> ◆ Check applicable type of operation: <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Indoor Swimming Pool (Year-Round) \$600.00</td> <td><input type="checkbox"/> Indoor Spa (Year-Round) \$600.00</td> </tr> <tr> <td><input type="checkbox"/> Outdoor Swimming Pool (Seasonal) \$400.00</td> <td><input type="checkbox"/> Outdoor Spa (Seasonal) \$400.00</td> </tr> </table> ◆ Applicant must be a pool owner, lessor or pool/property management official. ◆ Note that all Licenses to Operate a Public Spa or Swimming Pool expire December 31 of each year. ◆ Application fee is non-refundable. ◆ Type or print in black ink. All blanks must be filled in, if applicable, and the application must be signed. ◆ Send the application fee with the completed application to the address above, in the form of a check or money order made payable to: "Prince George's County Health Department." ◆ Incomplete applications will be returned for corrections/completion and will delay issuance of permit. ◆ Permit will be issued after on-site inspection. ◆ If you need assistance filling out this application, please call 301-883-7650. 			<input type="checkbox"/> Indoor Swimming Pool (Year-Round) \$600.00	<input type="checkbox"/> Indoor Spa (Year-Round) \$600.00	<input type="checkbox"/> Outdoor Swimming Pool (Seasonal) \$400.00	<input type="checkbox"/> Outdoor Spa (Seasonal) \$400.00
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APPLICANT INFORMATION	Name of Spa or Swimming Pool		Spa/Pool Phone Number				
	Former name, if applicable		Anticipated seasonal opening date				
	Address	<i>Number</i> <i>Street</i>	Hours of Operation				
	<i>City</i>	<i>State</i> <i>Zip Code</i>					
OWNER INFORMATION	Owner's Name		Owner's Phone Number				
	Owner's Address	<i>Number</i> <i>Street</i>					
	<i>City</i>	<i>State</i> <i>Zip Code</i>					
	Mailing Address, if different						
MANAGEMENT INFORMATION	Pool/Property Management Company		Management's Phone Number				
	Applicant's Address (for official correspondence)		<i>Number</i> <i>Street</i>				
	<i>City</i>	<i>State</i> <i>Zip Code</i>					
	Name of Workers' Compensation Insurance Company		Policy/Binder Number				
PLEASE SIGN	<ul style="list-style-type: none"> ◆ I have examined and read the above application and know the same is true and correct, and that, in this public spa/swimming pool, all applicable laws and regulations for the State of Maryland and Prince George's County will be complied with. ◆ I understand that falsification of this application may result in denial or suspension of the permit. <p style="text-align: center;"> </p> <p style="text-align: center;"> <i>Signature of Applicant (Owner, Lessor, Pool/Property Management Official)</i> <i>Date of Signature</i> </p>						

Do Not Write Below This Line

FOR OFFICE USE ONLY	Approving Signature	Date of Approval	Expiration Date
	Receipt Number/Case Number	Amount Received	Date Permit Issued