

ELKHART COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
4230 ELKHART ROAD, GOSHEN, IN 46526, PH 875-3391

****APPLICATION FOR 2011 ELKHART COUNTY COMMERCIAL SWIMMING POOL LICENSE****

PLEASE COMPLETE ALL SECTIONS

NAME OF ESTABLISHMENT _____	RENEWAL _____ <input type="checkbox"/>
	NEW _____ <input type="checkbox"/>
	CHANGE OF OWNERSHIP _____ <input type="checkbox"/>
ESTABLISHMENT ADDRESS _____ CITY _____ STATE _____ ZIP _____	
TOWNSHIP _____ ESTABLISHMENT PHONE (____) _____	
NAME OF OWNER _____ OWNER'S PHONE (____) _____	
OWNER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____	
OWNER'S SIGNATURE _____ DATE _____	
NAME OF PERSON IN CHARGE _____ PIC'S PHONE (____) _____	
PIC'S HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____	
PIC'S SIGNATURE _____ DATE _____	
TEST NUMBER TAKEN AND DATE PASSED _____ SCORE _____	
WATER SUPPLY _____ PUBLIC _____ PRIVATE _____	
WASTE WATER DISPOSAL _____ MUNICIPAL _____ ON-SITE SYSTEM _____	

PLEASE LIST HOURS OF OPERATION _____

_____	_____	_____
MONTHS (ie: Jan-May)	DAYS (ie: Mon-Fri)	HOURS (ie: 8 a.m.-4 p.m.)

PLEASE INDICATE TYPE OF OPERATION:

CHECK ALL THAT APPLY

INDOOR _____	OUTDOOR _____
SCHOOL _____ MUNICIPAL _____	HOTEL _____ APARTMENT _____ PRIVATE CLUB _____
SWIMMING POOL _____ SPA _____	WADING POOL _____ OTHER _____
	DESCRIBE _____

FEE: COMMERCIAL SWIMMING POOL LICENSE, \$90.00 PER YEAR* MAY 1 TO APRIL 30

*FEES FOR RELIGIOUS, CHARITABLE, OR EDUCATIONAL ORGANIZATIONS ARE ONE-HALF OF THE FEES IDENTIFIED ABOVE FOR EACH CATEGORY AND MUST BE ACCOMPANIED BY COMPLETED APPLICATION AND A COPY OF YOUR PROOF OF STATE INCOME TAX EXEMPTION.

PLEASE***MAKE ALL CHECKS PAYABLE TO ELKHART COUNTY TREASURER**

PLEASE NOTE: ALL APPLICATIONS SHOULD BE RETURNED TO THIS OFFICE **NO LATER THAN APRIL 30, 2011.** ESTABLISHMENTS OPERATING WITHOUT A VALID LICENSE WILL BE IN VIOLATION OF THE ELKHART COUNTY SWIMMING POOL ORDINANCE REQUIRING US TO SEEK EITHER CLOSURE, FINES AND/OR PENALTIES. A LATE FEE, EQUAL TO TWO TIMES THE LICENSE FEE, WILL BE ASSESSED IN ADDITION TO THE REGULAR FEE.