

BARTHOLOMEW COUNTY HEALTH DEPARTMENT  
440 THIRD STREET, SUITE 303  
COLUMBUS, IN 47201-6798  
PHONE: (812) 379-1550 FAX: (812) 379-1040

## LICENSE APPLICATION FOR PUBLIC AND SEMI-PUBLIC SWIMMING POOLS AND SPAS

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NAME OF FACILITY: \_\_\_\_\_

ADDRESS OF FACILITY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAIL LICENSE/INSPECTION REPORT TO: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

POOL/SPA OPERATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

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**IF MAILED, PLEASE SEND A SELF-ADDRESSED STAMPED ENVELOPE (6X9) TO RETURN YOUR  
LICENSE. OTHERWISE, THE LICENSE WILL BE AVAILABLE TO BE PICKED-UP IN OUR OFFICE.**

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PLEASE SUBMIT THIS APPLICATION WITH CHECK OR MONEY ORDER PAYABLE TO:  
**BARTHOLOMEW COUNTY HEALTH DEPARTMENT**

ANNUAL LICENSE FOR YEAR-ROUND OPERATIONS: \$100.00

SEASONAL LICENSE FOR MAY THROUGH SEPTEMBER OPERATIONS: \$50.00

THE APPLICANT'S SIGNATURE CONFIRMS THE ABOVE FACILITY IS IN COMPLIANCE WITH  
INDIANA STATE DEPARTMENT OF HEALTH RULE 410 IAC 6-2.1.

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SIGNATURE OF APPLICANT

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DATE