

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

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: _____

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

ANNUAL LICENSE FOR YEAR-ROUND OPERATIONS: \$150.00

SEASONAL LICENSE FOR MAY THROUGH SEPTEMBER OPERATIONS: \$75.00

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

SIGNATURE OF APPLICANT

DATE