Application for License To Operate a Public Swimming Pool

[✔] Public Swimming Pool
[ ] Public Spa
[ ] Special Use Pool

An annual license fee determined by the licensor in accordance with section 3709.09 of the Ohio Revised Code may be levied upon each facility for the operation costs associated with enforcement of the program rules. Any such fee or portion of any such fee retained by the licensor shall be paid into a special fund and used only for the purpose of administering and enforcing the program under the Ohio Revised and Administrative Codes.

For license renewal, return the completed application before May 1st pursuant to section 3749.04(B) of the Ohio Revised Code. If payment of a fee established under section ORC 3709.09(D) is not postmarked or received by the day on which payment is due, the board of health shall assess a penalty. The amount of the penalty shall be equal to twenty-five per cent of the applicable fee. The applicable fee applies to the local fee only.

Pool Name		**Health District** CINCINNATI
Street Address		**Directions: (please print)** 1. **Complete one application for each licensed establishment;** 2. **Sign** and **Date** the application 3. Attach a check or money order and return according to the information listed below.
City/Zip		
Phone #	Phone #	
Owner / License		
Street Address		
City/State/Zip		
Phone #	Phone #	
Pool/Spa Volume (gal.)	Pool/Spa Surface Area (sq ft)	Water Supply: [✔] Community [ ] Licensee owned [ ] Other:

[ ] Gov't [ ] School [ ] Indoor [✔] Outdoor

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee

Name	Phone #

I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Phone #	Date

Check or money order for the license fee, payable to:

TREASURER, CITY OF CINCINNATI
CINCINNATI HEALTH DEPARTMENT
FISCAL/ACCOUNTS RECEIVABLE
3101 BURNET AVE.
CINCINNATI, OHIO 45229

Return the fee and application to:

Health District	CINCINNATI HEALTH DEPARTMENT
Street address	FISCAL/ACCOUNTS RECEIVABLE 3101 BURNET AVE.
City	CINCINNATI
Zip	45229
Phone #	(513) 564-1791

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

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License fee (LHD)		State program fee		Late Fee [1]		Total Amount Due
$ 393.00	+	$ 80.00	+	$	=	$ 473.00

[1] If the license fee is not post marked by the application due date a **25% penalty - late fee** shall be assessed.

Application approved for license as according to the applicable sections of the Ohio Revised Code.

Processor:	Date received:	Date processed:
License Audit no.	Health District License no.	