

Aquatic Venue Health Permit Application

To be completed by facility ownership; complete one per aquatic venue

Facility Information			
Facility Name:			
Facility Site Address:	City:	State:	Zip:
Assessor Parcel Number (APN):			
Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
Aquatic Venue Type:	Surface Area:		
Facility Type:	Associated with living/lodging units: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Users: <input type="checkbox"/> Hotel/Motel Guests <input type="checkbox"/> Community Residents <input type="checkbox"/> General Public/Paid Admission <input type="checkbox"/> Program/Class Participants			
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round	
Hours: <input type="checkbox"/> M:	<input type="checkbox"/> T:	<input type="checkbox"/> W:	<input type="checkbox"/> Th: <input type="checkbox"/> F: <input type="checkbox"/> Sa: <input type="checkbox"/> Su:

Property Ownership Information			
Required documentation: Deed, Lease Agreement, etc.			
Owner of Property: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
Owner Name:			
Owner Address:	City:	State:	Zip:
Owner Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
Financial Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		

Owner Name, Print: _____ Date: _____

Owner Signature: _____