

Application for License To Operate a Public Swimming Pool

- Public Swimming Pool
 Public Spa
 Special Use Pool Special Features

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 GALLIA COUNTY GENERAL HEALTH DISTRICT	
Street Address		Directions: (please print) 1. Complete <u>one</u> 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/Licensee		Water Supply: <input type="checkbox"/> Community <input type="checkbox"/> Licensee owned <input type="checkbox"/> Other	
Street Address			
City/State/Zip			
Phone #	Phone #	<input type="checkbox"/> Gov't <input type="checkbox"/> School <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
Pool/Spa Volume (gal.)			
Pool/Spa Surface Area (sq ft)			

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: Return the fee and application to:

GALLIA COUNTY GENERAL HEALTH DISTRICT	Health District	GALLIA COUNTY GENERAL HEALTH DISTRICT
	Street address	499 Jackson Pike, Suite D
	City	Gallipolis
	Zip	45631
	Phone #	1-740-441-2018

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

License fee (LHD)	State program fee	Late fee ¹	Total amount due
\$ _____ +	\$ _____ +	\$ _____ =	\$ _____

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.	