

**PUBLIC SWIMMING POOL/SPA
BUREAU OF ECOLOGY AND INSITUTIONAL
SERVICES**

1001 E. Fayette Street
Baltimore, Maryland 21202
410-396-4428

LICENSE APPLICATION



Name _____ Phone No. _____

Location Address _____ Zip Code _____

Number and type of facilities to be licensed: Pool(s) _____ Spa(s) _____

Mailing Address (if different from Location Address) _____

Name of Owner _____ Phone No. _____

Address (Residence) _____ Zip Code _____

If a partnership, co-owner, etc., list the names and addresses of all owners on the reverse side. If a corporation, list the name of the principal officer of the corporation and address above the names, addresses and titles of the other officers on the reverse side.

Resident Agent or Owner of Facility:

Name _____ Phone No. _____

Address _____ Zip Code _____

If applicable, list the names of the Swimming Pool/Spa Management Company operating your pool/spa:

Name _____ Phone No. _____

Address _____ Zip Code _____

I have carefully examined and read the above application and the attached personnel roster and know the same is true and correct, and that, in operating each swimming pool/spa at this location, compliance with all applicable laws and regulations for the City of Baltimore and the State of Maryland will be mandated. I understand that falsification of this application may result in denial or revocation of the license.

I do solemnly swear, under penalty of perjury, that all information contained hereon is true and correct.

Note: Must be an owner or principal officer listed above or on the reverse to sign. Cannot be a pool management company.

Signature of Applicant

Date

Title

**SUBMIT CHECK FOR \$250.00 PER POOL OR SPA
PAYABLE TO "DIRECTOR OF FINANCE", TO ABOVE ADDRESS.**

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PUBLIC SWIMMING POOL/SPA PERSONNEL ROSTER

Note: Please make **separate sheets for each pool or spa** at this location. On each sheet, write name and location. After first sheet, where information does not change, write "same".

Pool/Spa Name: _____ Telephone: _____
 Pool Spa Location: _____ Zip Code: _____
 Pool/Spa Management Co. _____
 Office Address: _____ Telephone: _____
 Manager's Name: _____ Telephone: _____
 Residence: _____ Zip Code: _____

Swimming pool/spa owner or management company, please show information below as requested and submit to above address. **MAIL COPIES OF ALL CERTIFICATIONS WITH THIS ROSTER!!!**

Swimming Pool/Spa Equipment Operators IDENTIFICATION NAME: _____

CHECK ONE: Pool [] Spa []

Name	Pool/Spa Operator – Date Certified	Lifeguard - Date Certified*	First Aid - Date Certified*	CPR - Date Certified*

* Only if Operators perform any lifeguard duties

Swimming Pool Lifeguards

Name	Lifeguard Training – Date Certified	First Aid – Date Certified	CPR – Date Certified

Additional names for both positions may be noted on the reverse side. In the event new personnel is staffed after the submission of this roster, please note information on blank forms and mail immediately.