

**APPLICATION FOR A LICENSE TO OPERATE a:** (check only one)

- Public Swimming  
 Public Spa  
 Special Use Pool

**Instructions:**

1. Complete the applicable section. Make any corrections if necessary.
2. Sign and date the application.
3. Make a check or money order payable to: **Clermont County Treasurer**
4. Return check and signed application to: **Clermont County General Health District  
2275 Bauer Rd., Suite 300  
Batavia, OH 45103**

Name of Pool./Spa			
Exact Street Address or Location			
City	State	Zip	Phone#
Name of Licensee			
Address of Licensee:			
City	State	Zip	Phone#
Pool/Spa Volume (gal.)	Pool/Spa Surface Area (Sq Ft)	Water Supply: Community      Licensee Owned <input type="checkbox"/> Other	

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

Name	Phone#
Address (including city, state, zip)	

I hereby certify that I am the licensee, or the authorized representative, of the public swimming pool indicated above:	
Signature:	Date:

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**Local licensing authority to complete below**

License Fee	+State Fee	=Total Amount Due
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**Application approved for license as required by section 3749 of the Ohio Revised Code.**

By	Date
Audit No.	License No.