



**Hales Corners Health Department**  
 5635 S. New Berlin Road  
 Hales Corners, WI 53130  
 (414) 529-6155  
 (414) 529-6157 Fax

## SWIMMING POOL APPLICATION

PLEASE PRINT

License Year: July 1, 20\_\_ to June 30, 20\_\_

Establishment Name		
Establishment Address		Establishment Telephone ( )
Legal Licensee (name of sole proprietor, partnership, LLC, LLP, corporation)		Fax Number ( )
Legal Licensee Address, City, State & Zip Code		Legal Licensee Telephone ( )
Name of Agent for the Corporation/Operator (if applicable)		

Check appropriate category:	Number of Pools	Annual Fee/pool	Pre-Inspection Fee	Total Due
<input type="checkbox"/> Swimming Pool		\$200	\$150	
<input type="checkbox"/> Whirlpool		\$200	\$150	
<input type="checkbox"/> Wading Pool		\$200	\$150	

I hereby certify that all of the information given above is true and correct, and agree to comply with all laws, ordinances and regulations affecting the above food establishment if a license is granted me.

Signature of Applicant	Title	Date
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**Person in Charge:**

Printed Name	Phone ( )
Email	Fax ( )

Office Use Only:

Health Dept.:  Approved  Disapproved

Chief of Police:  Approved  Disapproved

\_\_\_\_\_  
 HD Signature

\_\_\_\_\_  
 PD Signature