**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** |
|  **Swimming Pool** |  | **$200** | **$150** |  |
|  **Whirlpool** |  | **$200** | **$150** |  |
|  **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** |
| **Person in Charge:** |
| **Printed Name** | **Phone**( ) |
| **Email** | **Fax**( ) |

Office Use Only:

Health Dept.: Approved Disapproved Chief of Police: Approved Disapproved

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