



**Montgomery County Department of Health and Human Services
 Licensure and Regulatory Services
 2425 Reddie Drive, 9th Floor, Wheaton, MD 20902
 Phone: 240-777-3986 Fax: 240-777-3088 or 240-777-4531
www.montgomerycountymd.gov/licensure**

**SWIMMING POOL MANAGEMENT COMPANY REGISTRATION
 (LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)**

TODAY'S DATE: _____

New **Renewal**

Fee: \$55 Per Facility

Management Company Name: _____

Management Company Address: _____

Telephone No.: _____ Fax No.: _____ Federal Tax ID: _____

Email Address (**REQUIRED**): _____ Telephone No.: _____

Pool Name (Facility): _____

Pool Address: _____

Pool Management Company Representative Responsible for this facility:

Name: _____ Telephone No.: _____ Fax: No: _____

Email Address: (**REQUIRED**) _____

Date individual was notified or will be notified regarding this assignment: _____

Pool Management Company responsibilities: (Check all that apply).

- Assuring compliance with all operating standards set forth in Chapter 51 of the Montgomery County Code and all rules and regulations promulgated hereunder.
- Providing for the physical maintenance, supplies and personnel as required by Chapter 51 and all rules and regulations promulgated hereunder.
- Obtaining all necessary permits and licenses.

NOTE: POOL MANAGEMNET COMPANY MUST NOTIFY THE LICENSURE AND REGULATORY SERVICES DIVISION WITHIN 48 HOURS OF ANY CHANGE IN RESPONSIBLE PERSONNEL.

Workers' Compensation Insurance Company Name: _____ **Policy/Binder No.:** _____

Check here if this facility is operated by a sole proprietor with no employees, or by members of a partnership or LLC, and a Certificate of Compliance has been obtained.

If you do not have Worker's Compensation Insurance, you must submit a copy of the Certificate of Compliance issued by the Worker's Compensation Commission (410-864-5100 or 800-492-0479).

SIGNATURE OF APPLICANT: _____

PRINTED NAME AND TITLE OF APPLICANT: _____

OFFICE USE ONLY:			
Receipt No.: _____	Date Received: _____	Amount Paid: _____	Staff Initial: _____
Check/Money Order No.: _____	Credit Card Approval Code (MC/VISA): _____		

Submit completed application and fee to address above. CASH NOT ACCEPTED. Checks/Money Orders payable to: "Montgomery County, Maryland".

Payment Method (select payment method): **Check** or **Money Order**
 Visa or **Mastercard Only (complete information below)**

CREDIT CARD SECTION

Credit Cardholder's Name: _____ Credit Card No: _____

Exp. Date: _____ 3 Digit Security Code: _____ Amount Charged: \$ _____

I agree to pay the indicated total amount according to card issuer agreement:

Cardholder's Signature: _____