



**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 OPERATING PERMIT APPLICATION
(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)**

New Renewal

TODAY'S DATE: _____

Name of Pool Facility: _____

Pool Facility Address: _____

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

Email Address: _____ Telephone No.: _____

Name of Owner: _____

Owner Mailing Address: _____

Telephone No.: _____ Fax: No.: _____ Email Address: _____

Pool Management Company (if applicable): _____

Opening Date: _____ Closing Date: _____ Days and Hours of Operation: _____

Type	Outdoor#	Indoor#	Total#	Amount	Total \$
Pool or Spa GREATER than 100,000 gallons				\$760.00 each	
Pool or Spa LESS than 100,000 gallons				\$650.00 each	
Wading Pool				\$75.00 each	

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: _____