

**2018 APPLICATION FOR LICENSE TO
OPERATE RECREATIONAL WATER FACILITY**

in conformance with the
Code of the City of Lawrence, Chapter 5-1402

Please complete all sections and return to: Lawrence-Douglas County Health Department
200 Maine Street, Suite B
Lawrence, Kansas 66044
Fax: 785-843-3161
Email: ehinfo@ldchealth.org
Contact: Tammy @ 785-843-3060

Facility Information:

Name: _____

Premises Address: _____
Street City State Zip

Property Owner Information:

Name(s): _____

Mailing Address: _____
Street City State Zip

Phone/cell phone: _____ Fax: _____ E-mail:

Contact Information for Pool/Spa Manager:

Name(s): _____

Mailing Address: _____
Street City State Zip

Phone/cell phone: _____ Fax: _____ E-mail:

Evening/Weekend Contact Information: (if different than above)

Name(s): _____

Phone/cell phone: _____ Fax: _____ E-mail:

2017 Fees - \$200 per facility, payment due May 1, 2018. \$50 late fee after May 1, 2018

Form of payment remitted: Check Money Order Credit Card Cash

Please make checks payable to the Lawrence-Douglas County Health Department.

Signature of Owner/Agent

Printed Name

Date

For Health Department Use Only:

Date Received	Receipt No.	Signature(person taking pmt)
---------------	-------------	------------------------------