

**2019 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: chinfo@ldchealth.org
Contact: Tammy @ 785-843-3060 ext. 348

Facility Information:

Name: _____

Premises Address: _____
Street City State Zip

Property Owner Information:

Name(s): _____

Mailing Address: _____
Street City State Zip

Phone/cell phone: _____ E-mail: _____

Contact Information for Pool/Spa Manager: (This is where the License will be mailed to.)

Name(s): _____

Mailing Address: _____
Street City State Zip

Phone/cell phone: _____ E-mail: _____

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

Name(s): _____

Phone/cell phone: _____ E-mail: _____

2019 Fees - \$200 per facility, payment due by May 1, 2019. \$50 late fee after May 1, 2019 Each facility needs a separate application filled out.

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.	Received by
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