



Southwest District Health

Environmental Health Services
13307 Miami Lane
P. O. Box 850
Caldwell, ID 83606

APPLICATION FOR A PUBLIC SWIMMING POOL PERMIT

Please print

Name of Establishment _____

Street Address _____

Mailing Address _____

City, State, Zip Code _____

Ownership: Individual Firm or Corporation Partnership

Business Owner _____

Mailing Address _____

City, State, Zip _____ Phone _____

Business Manager _____

Mailing Address _____

City, State, Zip _____ Phone _____

Pursuant to Section 16.01.7060. of the *Idaho Public Swimming Pool Regulations*, no person shall operate a public swimming pool without a permit. Southwest District Health Department has determined that the permit shall expire on December 31 of each year. Annual renewal and payment of a \$50 fee is required. I understand and hereby agree to the TERMS AND CONDITIONS OF LICENSE as contained in Section 16.01.

Signature of Owner/Agent _____ Date _____
Indicate where signature is that of legal owner or agent

FOR OFFICE USE ONLY			Date Fee Paid _____
			Receipt # _____
EHS CODE _____	ACTIVATION DATE _____	POOL TYPE _____	
ESTABLISHMENT I.D.# _____			
ACTION:	1. Add	2. Change	3. Delete
			4. Activate
			5. Deactivate
REASON FOR ACTION:	1. New Establishment	2. Change of Owner	3. Out of Business
			4. New Name
WATER SUPPLY:	<input type="checkbox"/> Public/Community	<input type="checkbox"/> Private	SEWAGE: <input type="checkbox"/> Public/Community
			<input type="checkbox"/> Private

1008 East Locust
Emmett, ID 83617
208.365.6371
FAX 208.365.4729

1155 Third Ave. North
Payette, ID 83661
208.642.9321
FAX 208.642.5098