SWIMMING POOL/SPA PERMIT APPLICATION

INSTRUCTIONS: (1) Complete all information below (2) Submit fee payable to GCHD

ESTABLISHMENT		OWNER		
Name:		Name		
Address:		Address:		
City: State:	Zip:	City:	State: Zip:	
Tel:Fax:		Tel:	Fax:	
General Manager:		APPLICANT'S NAME		
E-Mail:		Signature:		
Send permit and renewal notice to: ☐ Establishment ☐ Owner Pool(s) are: ☐ seasonal ☐ Open all year		Print:	Date:	
OPTIONAL: 2016 ANNUAL POOL OPERATORS TRAINING CLASS (OPTIONAL FOR NEW POOL OPERATORS OR OPERATORS DESIRING A REFRESHER COURSE) GRAYSON COUNTY HEALTH DEPARTMENT DENISON OFFICE				
Date : Tuesday May 10, 2016 at 2:00 p.m. Cost : \$20.00 per person				
Please enroll the following persons:				
1 2				
3 4				
Annual permit fee	\$300 per establishment		No limit to number of pools Municipalities are exempt from fee	
Pool training class fee (Optional)	\$20		1 hour class trains pool operators to provide a safe environment for the public	
Late penalty fee	\$50		If paid or postmark date is after March 31 of current year	
HEALTH DEPARTMENT USE ONLY				
RECEIPT NO:	ANNUAL FEE: \$300		DATE POSTED:	
DATE PAID :	LATE FEE: \$50		DATE MAILED:	
POSTMARK DATE:	TRAINING CLASS: <u>\$20 PER PERSON</u>			
INITIALS:	TOTAL PAID:	TOTAL PAID:		