



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
 Division of Environmental Health
 922 Bevins Court
 Lakeport, CA 95453-9739
 Telephone 707/ 263-1164

APPLICATION/RENEWAL TO OPERATE A PUBLIC POOL OR SPA

Name of Establishment where pool or spa is located _____

Address _____

Name of Owner _____ Phone No. _____

Mailing Address of Owner _____

Manager (if not owner) _____ Phone No. _____

Address of Manager _____

Please indicate if there is a change of ownership:

Effective Date of Change _____

Former Name _____

New Owner _____

As the Owner Manager of this establishment, I certify that, should a permit be granted, I shall observe the statues and regulations pertaining to the operation of pool facilities as stipulated by California Health and Safety Code. I also agree that representatives of the County of Lake, Division of Environmental Health may make inspections and examine records during the hours when the business is operating.

Printed Name	Signature	Date

FOR OFFICE USE ONLY

Date Received: _____ Category: _____ Fee Amount: _____

Receipt #: _____ Facility No.: _____ CMHC Input: _____