



APPLICATION FOR SWIMMING FACILITY LICENSE

Name of Swimming Facility _____

Address _____

City _____ County _____ ZIP Code _____

FAX _____ Telephone _____

Legal Name of Applicant (owner of facility) _____

Illinois Secretary of State File # (if applicable) _____
(As found on your Annual Report or Articles of Incorporation from the Illinois Secretary of State)

Physical Address _____
(Address) (City) (State) (ZIP)

FAX _____ Telephone _____

Mailing Address _____
(Address) (City) (State) (ZIP)

FAX _____ Telephone _____

If a Partnership, Include the Name and Address of the General and Limited Partners

TYPE OF SWIMMING FACILITY FEATURE

(Indicate number of each in the appropriate box)

TYPE	INDOOR	OUTDOOR
SWIMMING POOL		
0-500 sq. ft.		
501-1,000 sq. ft.		
1,001-2,000 sq. ft.		
2,001 sq. ft. or more		
SPA		
0-500 sq. ft.		
501-1,000 sq. ft.		
1,001-2,000 sq. ft.		
2,001 sq. ft. or more		
Aquatic Feature		
Water Slide		
Spray Pool		
Lazy River		
Play Structure		
Small Slide		
Bathing Beach		

TYPE OF APPLICATION

	Original
	Renewal
	Notification of Name/Address Change
	Reporting Inactive Facility
	Reactivation of Revoked License
	Reactivation of Inactive Pool

The above information is correct to the best of my knowledge:

Written signature of applicant _____ Title _____ Date _____
(For corporations, signature of officer or registered agent)

TO BE COMPLETED, SIGNED AND DATED ONLY IF SOLE PROPRIETOR OF FACILITY

The law (5ILCS/100/10-65) requires all applicants complete and sign the following statement. Failure to complete and sign this statement will result in an incomplete application and delay in issuing your license. Making a false statement may place you in contempt of court. **Check only one box.**

- I am not** more than 30 days delinquent in complying with a child support order; **or**
- I am** more than 30 days delinquent in complying with a child support order; **or**
- This statement does not apply.**

Signature of Applicant _____

Date _____

This application must be submitted along with a check or money order made payable to the Illinois Department of Public Health (See Fee Table Below).

License: Original & Renew	Fee Paying	Tax-Exempt*	Government
0-500 sq. ft.	\$150	\$0	\$0
501-1,000 sq. ft.	\$300	\$0	\$0
1,001-2,000 sq. ft.	\$400	\$0	\$0
2,001+ sq. ft.	\$500	\$0	\$0
Aquatic Feature	\$150	\$75	\$0
Bathing Beach	\$150	\$75	\$0
Late Renewal Fee	\$100	\$50	\$0
Lapsed Fee	\$150	\$75	\$0

*All tax-exempt organizations must include proper paperwork to demonstrate recognition as a tax-exempt entity by the U.S. Internal Revenue Service under Title 26 of U.S. Code, Section 501 (c) (3). Failure to do so will require additional fees to process the license.

Return the application and fee or tax-exempt status to:

**Illinois Department of Public Health
Division of Environmental Health
525 West Jefferson Street, Third Floor
Springfield, Illinois 62761**

Telephone: 217-782-5830
Fax: 217-785-0253

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 78-1149. Disclosure of this information is mandatory.