

**Queen Anne's County Health Department
206 N. Commerce Street
Centreville, MD 21617
Phone: 410-758-2281 Fax: 410-758-6602**

APPLICATION FOR ANNUAL SWIMMING POOL-SPA/HOT TUB OPERATING PERMIT

Apartment () Camp () Club () Community () Condominium () Motel ()
School () Spa () Other () Please Specify _____

Application is hereby made for a permit to operate a [Choose One]:
Public Pool () Semi-Public Pool () Limited Public Use Pool () Spa/Hot Tub ()
Operating Period: All Year () Seasonal () From _____ to _____

Name of facility as it is to appear on permit:

Address of Facility _____ County: _____

Certified Pool Operator _____
Address _____ Phone _____

Lifeguard Name _____
Address _____ Phone _____

Individual Owner of Facility: _____

For other than individual ownership, provide the following information: If Corporation give legal corporate name and President=s name; if Partnership give full partnership name and the names of general partner (s); if Fictitious name give registered fictitious name and the State where registered.

Corporation or Partnership	Address	President or General Partner (s)

Fictitious Name	Address	State of Registration For Fictitious Name

Pool Management Company (If applicable) _____

Days and Hours of Operation _____

Return permit application and \$150.00 fee to: **Queen Anne=s County Health Department
206 N. Commerce St.
Centreville, Maryland 21617
(410) 758-2281**

Date _____ Signature of Owner _____
or Agent

This application is considered not approved unless a permit is granted within 30 days of application date.

