



**Deschutes County Health Services  
Environmental Health Division**

**2100 NE Wyatt Court, Bend, OR 97701**  
**PHONE: (541) 317-3114 / FAX: (541) 322-7604**  
**www.deschutes.org/pools**

**APPLICATION TO LICENSE PUBLIC SWIMMING POOL, SPA, OR RECREATIONAL BATHING AREA**

*Please print*

Name of establishment \_\_\_\_\_ Former name? \_\_\_\_\_

Exact **location** of establishment \_\_\_\_\_  
street city zip

Mailing address of establishment \_\_\_\_\_  
street city state zip

Establishment telephone \_\_\_\_\_ Establishment email \_\_\_\_\_

Owner/Applicant Name \_\_\_\_\_ Owner telephone \_\_\_\_\_

Owner mailing address \_\_\_\_\_  
street city state zip

Owner email \_\_\_\_\_

Contact email \_\_\_\_\_

**Check all that apply:**

- |                                           |                                                                                                                                                               |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> General Use      | <input type="checkbox"/> Limited Use – Patrons, members or residents only                                                                                     |
| <input type="checkbox"/> Annual Operation | <input type="checkbox"/> Seasonal Operation                                                                                                                   |
| <input type="checkbox"/> Indoor           | <input type="checkbox"/> Outdoor                                                                                                                              |
| <input type="checkbox"/> Swimming Pool    | <input type="checkbox"/> Therapy Pool (Spa) <input type="checkbox"/> Special Use Pool <input type="checkbox"/> Spray Pad <input type="checkbox"/> Wading Pool |

Dates of operation: \_\_\_\_\_ Hours of pool operation: \_\_\_\_\_

**Pool operated in conjunction with: (Check all that apply)**

- |                                      |                                                         |                                                |                                           |
|--------------------------------------|---------------------------------------------------------|------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Apartment/Condo                | <input type="checkbox"/> Municipal / County    | <input type="checkbox"/> Mobile Home Park |
| <input type="checkbox"/> Resort      | <input type="checkbox"/> Health Club / Physical Therapy | <input type="checkbox"/> Other (Specify) _____ |                                           |

Make check payable to: **Deschutes County**

- ✓ All licenses issued under these statutes automatically expire on December 31 of each year and must be renewed before January 1 of the next year. This application is made as required by ORS Chapter 448 and is subject to compliance with these statutes and administrative rules thereunder.
- ✓ In the event of transfer of ownership, the new owner must immediately secure a new license.
- ✓ I certify that the information given in the above application is complete and accurate to the best of my knowledge.

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

*Mail application and check to :*

**Deschutes County Health Services  
Environmental Health Division  
1550 NE Williamson Blvd. #110  
Bend, OR 97701**

For office use:

Receipt # \_\_\_\_\_

Staff initials \_\_\_\_\_

Computer # \_\_\_\_\_