



**Public Health**  
Prevent. Promote. Protect.

# Douglas & Pope Counties Environmental Health

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## LICENSE APPLICATION – PUBLIC SWIMMING POOL/SPA

Notice to all applicants: Minnesota Statutes, section 270.72, subd. 4, requires you to supply your Minnesota business tax identification number and your social security number. Minnesota Statutes, section 176.182 requires information regarding worker's compensation insurance. All data submitted in this application is public data except the individual's social security number, which is private.

### Check (x) the license type:

- Renewal – License #: \_\_\_\_\_ Renewal period: \_\_\_\_\_
- New Establishment – Opening Date: \_\_\_\_\_ License #: \_\_\_\_\_
- Ownership Change – Previous Owner & License #: \_\_\_\_\_  
- Opening date: \_\_\_\_\_ New License #: \_\_\_\_\_

### Applicant/Owner Information: PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Corporation Name: \_\_\_\_\_ Primary Officer \_\_\_\_\_

#### OR

Individual Operator - First name: \_\_\_\_\_ Middle Initial \_\_\_\_ Last name: \_\_\_\_\_

Individual Operator's Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

DBA (*Doing Business As*) Name (if applicable): \_\_\_\_\_

MN Business Tax (*Sales Tax*) Identification # (This must be provided for licensure if applicable): \_\_\_\_\_

Federal Tax ID #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Designated Mailing Address: \_\_\_\_\_  
(Street/PO Box) City State Zip

### Establishment Information: (Physical Location)

Establishment Name (*name on the sign*): \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Location-County: \_\_\_\_\_ City: \_\_\_\_\_ Township: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Pool Manager Name: \_\_\_\_\_

Certified Pool Operator Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Hours/Days of operation: \_\_\_\_\_

If not operating year round:

Opening Date

Closing Date

Check (x) box where license, renewals, and notices should be sent:  Applicant Address  Establishment Address

### Worker's Compensation Information:

Insurance Company Name: \_\_\_\_\_

Insurance Company Designated Mailing Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Dates of Coverage: \_\_\_\_\_ through \_\_\_\_\_

#### OR

I certify that I am not required to carry worker's compensation liability coverage because:

- I am a sole proprietor or partner and I have no employees.
- I have no employees who are covered by the worker's compensation law. Note: Only employees exempt by statute (spouse, parent, and children) are *not* covered by the worker's compensation law.

**By my signature below I understand that my establishment must comply with all Minnesota Statutes, Rules and other regulations that apply to my establishment and any licenses issued from this application.**

**I certify that the information provided on this application is accurate and complete.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OVER – FEES AND DEFINITIONS ON BACK PAGE**

**Public Swimming Pool/Spa Definitions:**

**Individual Water** – a private water supply other than a community public water supply.

**Individual Sewer** – a private sewage treatment system which uses subsurface treatment and disposal.

**Public Swimming Pool** – any swimming pool other than a private residential swimming pool.

**Spa Pool** – a public hot water pool intended for seated recreational use.

**Late Penalty** – additional charge added to the license fee when a person operates a business without first having made application and fee payment for the current year’s license (licenses expire December 31 of each year).

**Minnesota Rules**

**Minnesota Rules Chapter 4717.0250 Subp. 7**

**Private Residential Pool.** “Private Residential Pool” means a pool connected with a single-family residence or owner-occupied duplex, located on private property under the control of the homeowner, the use of which is limited to family members or the family’s invited guests. A private residential pool is not a pool used as part of a business.

**Minnesota Rules Chapter 4717.0250 Subp. 8**

**Public Pool.** “Public Pool” means any pool, other than a private residential pool, intended to be used collectively by numbers of persons, and operated by any person whether the person be an owner, lessee, operator, or concessionaire, and regardless of whether a fee for use is charged. A public pool includes, but is not limited to, pools operated by a person in a park, school, licensed child care facility, group home, motel, camp, resort, apartment building, club, condominium hotel, manufactured home park, or political subdivision.

**FEE SCHEDULE AND CALCULATIONS**

Check (x) the appropriate boxes:

<input type="checkbox"/> <b>Base Fee (all establishments)</b> .....	<b>\$195.00</b>	<u><b>\$195.00</b></u>
<input type="checkbox"/> Public Swimming Pool.....	\$235.00	_____
<input type="checkbox"/> Additional Pools – number _____ x.....	\$130.00	_____
<input type="checkbox"/> Spa Pool.....	\$140.00	_____
<input type="checkbox"/> Additional spa pools – number _____ x.....	\$ 70.00	_____
<input type="checkbox"/> Individual Water <input type="checkbox"/> Individual Sewer (Not municipal).....	\$ 70.00	_____
<input type="checkbox"/> Late Penalty (1 to30 days).....	\$100.00	_____
<input type="checkbox"/> Late Penalty (after 30 days).....	\$300.00	_____

**Submit this total with application.....Total Fee....** \_\_\_\_\_

**► FOR NEW OPERATORS APPLYING FOR LICENSE ON OR AFTER OCTOBER 1, THE LICENSE FEE IS ½ THE USUAL ANNUAL FEE, PLUS ANY PENALTY REQUIRED**

**MAKE CHECKS PAYABLE TO DOUGLAS COUNTY PUBLIC HEALTH**

Notice: The issuance of a dishonored check to this department will require a service charge as per MN Statute Sect. 604.113.

**OFFICE USE ONLY:**

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Received by: \_\_\_\_\_

Approved?  Yes  No

Insp. Initials \_\_\_\_\_

Risk Level: H M L