

**APPLICATION FOR LICENSE TO OPERATE RECREATIONAL WATER FACILITY  
[NON-RESIDENTIAL SWIMMING POOL(S) AND/OR SPA(S)]**

**in conformance with the  
Code of the City of Lawrence, Chapter 5, Article 8**

Regulations for Non-Residential Swimming Pools and Spas for the City of Lawrence  
as Authorized by City Ordinance 5-802:

All non-residential swimming pools and non-residential spas (recreational water facilities) are to be operated and maintained in such a manner as not to create a public health hazard, safety hazard, or health nuisance. All recreational water facilities shall have a complete recirculation, filtering, and mechanical disinfecting system.

The Health Department shall have right of entry to all recreational water facilities during normal business hours to inspect operating equipment, safety equipment, and/or to conduct water quality testing.

The Health Department shall have authority to close immediately any recreational water facility to public access when a health hazard, safety hazard, or health nuisance has been determined. Any facility closed by the Health Department shall remain closed until reinspected and approved for reopening by the Health Department.

**Facility Information:**

Name: \_\_\_\_\_

Premises Address: \_\_\_\_\_  
Street City State Zip

**Property Owner Information:**

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone/cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Manager or Agent (if other):**

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone/cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Other Contact Information:**

**8 AM–5 PM:** Name(s): \_\_\_\_\_

Phone/cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Evenings/Weekends:** Name(s): \_\_\_\_\_

Phone/cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Annual Fee information:**

**\$140 for one Swimming Pool or Spa plus \$70 for each additional Swimming Pool or Spa**

Number	Type	Time Open	
		All year	Seasonal Anticipated opening date   Anticipated closing date
	Swimming Pool(s)		
	Spa(s)		
	Wading Pool(s)		
	Other:		
\$140	One Swimming Pool or Spa		
	+ \$70 x _____ number of Additional Swimming Pools or Spas		
	= Total amount due		

Form of payment remitted:  Check  Money Order  Credit Card  Cash

*I certify that the information submitted is true, accurate, and complete, to the best of my knowledge and belief. I have received and reviewed the attached copy of the Lawrence-Douglas County Health Department Regulations for Swimming Pools and Spas.*

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Date

**Healthy People Build Strong Communities**

**For Health Department Use Only:**

Date Received	Receipt No.	Signature