

**STATE OF ILLINOIS
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR SWIMMING FACILITY LICENSE**

NAME OF SWIMMING FACILITY: _____
 ADDRESS: _____
 CITY: _____ COUNTY: _____ ZIP CODE _____
 FAX #:(____) _____ TELEPHONE #:(____) _____

LEGAL NAME OF APPLICANT (owner of facility): _____
 IL Secretary of State File # (if applicable) _____ (As found on your Annual Report or Articles of Incorporation from the Illinois Secretary of State)

PHYSICAL ADDRESS: _____
 MAILING ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP CODE _____
 FAX #: (____) _____ TELEPHONE #:(____) _____

IF A PARTNERSHIP INCLUDE NAME AND ADDRESS OF THE GENERAL AND LIMITED PARTNERS: _____

TYPE OF AQUATIC FEATURE (indicate # of each feature):

TYPE OF APPLICATION:

| | INDOOR | OUTDOOR |
|--------------------------|--------|---------|
| LAZY RIVER | | |
| SPA | | |
| SWIMMING POOL | | |
| THERAPY POOL | | |
| WADING POOL | | |
| SPRAY POOL | | |
| WATER SLIDE(# OF FLUMES) | | |
| WAVE POOL | | |
| BATHING BEACH | | |

| |
|-------------------------------------|
| 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)

ON SITE CONTACT PERSON: _____ TELEPHONE #: _____

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 _____

The license application fee is \$50.00 for each aquatic feature (including each water slide flume). This application must be submitted along with a check or money order made payable to the Illinois Department of Public Health. Registered not-for-profit corporations are exempt from the fee if a copy of their **current** annual report filed with the Secretary of State is submitted. **Governmental and educational units are exempt from the fee provisions and therefore do not have to pay licensing fees.** Return the application and fee or evidence of not-for-profit status to:

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II-482-0105

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. This form has been approved by the Forms Management Center.

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF ENVIRONMENTAL HEALTH
 525 WEST JEFFERSON STREET-3RD FLOOR
 SPRINGFIELD, ILLINOIS 62761
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