



Southwest District Health

Environmental Health Services
920 Main
Caldwell, ID 83605
455-5400
FAX 455-5405

APPLICATION FOR A PUBLIC SWIMMING POOL PERMIT

Please print

Name of Establishment _____

Street Address _____

Mailing Address _____

City, State, Zip Code _____

Ownership: Individual Firm or Corporation Partnership

Business Owner _____

Mailing Address _____

City, State, Zip _____ Phone _____

Business Manager _____

Mailing Address _____

City, State, Zip _____ Phone _____

Pursuant to Section 16.01.7060. of the *Idaho Public Swimming Pool Regulations*, no person shall operate a public swimming pool without a permit. Southwest District Health Department has determined that the permit shall expire on December 31 of each year. Annual renewal and payment of a \$50 fee is required. I understand and hereby agree to the TERMS AND CONDITIONS OF LICENSE as contained in Section 16.01.

Signature of Owner/Agent _____ Date _____

Indicate where signature is that of legal owner or agent

FOR OFFICE USE ONLY

Date Fee Paid _____

Receipt # _____

EHS CODE _____ ACTIVATION DATE _____ POOL TYPE _____

ESTABLISHMENT I.D.# _____

ACTION: 1. Add 2. Change 3. Delete 4. Activate 5. Deactivate

REASON FOR ACTION: 1. New Establishment 2. Change of Owner 3. Out of Business 4. New Name

WATER SUPPLY: Public/Community Private SEWAGE: Public/Community Private

R CODE _____ T CODE _____ INSP INTER _____

1008 E. Locust
Emmett 83617
365-6371
FAX 365-4729

1155 Third Ave., N.
Payette 83661
642-9321
FAX 642-5098

46 W. Court
Weiser 83672
549-2370
FAX 549-2371

824 S. Diamond
Nampa 83686
465-8400, Ext. 34
FAX 442-2809