



Treasurer's Office 455 N. Main – 1st Floor Wichita KS 67202
 CITY LICENSE (316) 268-4553
 HEALTH DEPT (316) 268-8351

**SWIMMING POOL
 WADING POOL
 SPA POOL
 RECREATIONAL WATER FEATURE
 LICENSE APPLICATION**

*Please allow 10 days for processing.
 Complete in triplicate.*

Please use separate application form for different addresses.

Date _____

Annual License Fees – Mark with (X)

- _____ \$200 Fee for 1st swimming pool, wading pool, spa pool, or other recreational water feature.
- _____ \$100 Fee for additional swimming pool, wading pool, spa pool, or other recreational water feature at same location.

Seasonal License Fees (open six or fewer months each year) – Mark with (X)

- _____ \$125 Fee for 1st swimming pool, wading pool, spa pool, or other recreational water feature.
- _____ \$ 50 Fee for additional swimming pool, wading pool, spa pool, or other recreational water feature at same location.

Type of license requested – Mark with (X)

	<u>Total Number Outdoor</u>	<u>Total Number Indoor</u>
_____ Swimming Pool	_____ Number of Pools	_____ Number of Pools
_____ Wading Pool	_____ Number of Pools	_____ Number of Pools
_____ SPA Pool	_____ Number of Pools	_____ Number of Pools
_____ Recreational Water Feature	_____ Number of Features	_____ Number of Features

Address of Swimming Pool, Wading Pool, Spa Pool, and/or Recreational Water Feature:

APPLICANT INFORMATION:

Name	Phone Number	
Home Address	Zip	

BUSINESS INFORMATION :

Business Name	Phone Number	
Business Address	Zip	
Mailing Address	Zip	

MANAGER

Name		
Home Address	Zip	
Phone Number	Birth Date	

I, _____, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I have read and understand all rules and regulations as set out in the Code of the City of Wichita. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules, or regulations.

 Signature of Applicant

 Date

FOR OFFICIAL USE ONLY

	Approved	Disapproved	Date
Health Dept			
License #	Date	Expiration Date	
Total fee	Date Issued		