



Public Health
Prevent. Promote. Protect.

Hales Corners Health Department

Hales Corners Health Department

5635 S. New Berlin Road
Hales Corners, WI 53130
(414) 529-6155
(414) 529-6157 Fax

SWIMMING POOL APPLICATION

PLEASE PRINT

License Year: July 1, 20__ to June 30, 20__

Establishment Name		
Establishment Address		Establishment Telephone ()
Legal Licensee (name of sole proprietor, partnership, LLC, LLP, corporation)		Fax Number ()
Legal Licensee Address, City, State & Zip Code		Legal Licensee Telephone ()
Name of Agent for the Corporation/Operator (if applicable)		

Check appropriate category:	Number of Pools	Annual Fee/pool	Pre-Inspection Fee
<input type="checkbox"/> Swimming Pool		\$200	\$150
<input type="checkbox"/> Whirlpool		\$200	\$150
<input type="checkbox"/> Wading Pool		\$200	\$150

I hereby certify that all of the information given above is true and correct, and agree to comply with all laws, ordinances and regulations affecting the above food establishment if a license is granted me.

Signature of Applicant	Title	Date
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Person in Charge:

Printed Name	Phone ()
Email	Fax ()

Office Use Only:

Health Dept.: Approved Disapproved

Chief of Police: Approved Disapproved

HD Signature

PD Signature