



POOL LICENSE APPLICATION
MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH AND FOOD SAFETY SECTION

By provision of MCA 50-53-201, a license is required for each **separate** public swimming pool or public bathing place.
(A pool is considered separate if (a) water does not commingle with water from any other pool or (b) it is serviced by a separate filtration system)

- ☐ Seasonal Public swimming pool/other water feature with a volume > 4,000 gallons (\$225 license fee)
☐ Year-round Public swimming pool/other water feature with a volume > 4,000 gallons (\$325 license fee)

PLEASE PRINT

Check #: _____ Amount: _____

Licensee (Operator/Owner) Name: _____

Establishment Name: _____

Establishment Location Address: _____

City: _____ Zip Code: _____ County: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Contact Telephone: (____) _____ Contact FAX: (____) _____ Email: _____

I hereby certify that the information I have supplied above is true and correct.

Licensee Signature: _____ Date: _____

**Regulatory authority must submit applications with fees to DPHHS/FCSS.
DPHHS will not accept license applications directly from applicants.**

This Section is to be completed and signed by the Regulatory Authority Only!

Type of Pool:

- ☐ Publicly Owned ☐ Privately Owned
☐ Open Year-Round ☐ Seasonal ☐ Open Year-Round ☐ Seasonal

Subtype: ☐ Flow Thru HS ☐ Wading Pool ☐ Splash Deck ☐ Pool ☐ Spa ☐ Lazy River ☐ Waterslide

Water Supply:

- ☐ Public, PWSID # _____
☐ Private, Test Results Satisfactory? ☐ Yes ☐ No

Previously Licensed: ☐ No ☐ Yes **Former name of Establishment:** _____

Previous License Number: _____ **Last Calendar Year Licensed:** _____

License Limitations and Restrictions: _____

(The above statement will appear on the printed license identifying restriction with this license)

SIGNATURE OF REGULATORY AUTHORITY: _____

(Signature verifies compliance with applicable statutes and rules for this establishment – 50-53-201, MCA)

PRINTED NAME OF REGULATORY AUTHORITY: _____

DATE: _____ **COUNTY:** _____