



**COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT**
 Division of Environmental Health
 922 Bevins Court
 Lakeport, CA 95453-9739
 Telephone 707/ 263-1164
 Lower Lake Office
 Telephone 707/ 994-2257

*** Please make any applicable changes on
renewal application.**

APPLICATION/RENEWAL TO OPERATE A PUBLIC POOL OR SPA

Name of Establishment where pool or spa is located _____

Address _____

Name of Owner _____ Phone No. _____

Mailing Address of Owner _____

Manager (if not owner) _____ Phone No. _____

Address of Manager _____

Signature

Date

(FOR OFFICE USE ONLY)

[1] Existing Establishment ()

[2] Change of Ownership ()

[3] New Business ()

Date to Open _____

Eff. Date of Change _____

Former Name _____

New Owner _____