



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

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 _____

Please indicate if there is a change of ownership:

Effective Date of Change _____ Former Name _____

New Owner _____

Email address: _____ *Note: copies of the official pool

inspection will now be emailed to you. Please provide your email address to facilitate this new process.

As the Owner Manager of this establishment, I certify that, should a permit be granted, I shall observe the statues and regulations pertaining to the operation of pool facilities as stipulated by California Health and Safety Code. I also agree that representatives of the County of Lake, Division of Environmental Health may make inspections and examine records during the hours when the business is operating.

Printed Name Signature Date

FOR OFFICE USE ONLY

Date Received: _____ Fee Amount: _____ Category: _____

Invoice/Receipt #: _____ Facility No.: _____ EC Input: _____