# Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

washcohealth.org
facebook.com/WashHealth


## APPLICATION FOR ANNUAL SWIMMING POOL- SPA/HOT TUB - BATHING BEACH OPERATING PERMIT

| | | | |
|---|---|---|---|
| ☐ Apartment<br>☐ Camp<br>☐ Club | ☐ Community<br>☐ Condominium<br>☐ Motel/Hotel | ☐ School<br>☐ Spa<br>☐ Other (Specify) _____ | |
| Application to Operate:<br>**(Check all that apply)** | ☐ Indoor<br>☐ Spa/Hot Tub | ☐ Outdoor<br>☐ Bathing Beach | ☐ Swimming Pool<br>☐ Wading Pool |

## FACILITY

_____ NAME (As it will appear on permit)

_____ TELEPHONE

_____ STREET ADDRESS

_____ TELEPHONE - CELL

_____ CITY/STATE/ZIP

_____ EMAIL ADDRESS

**Permit Mailing Address** _____ STREET ADDRESS

_____ CITY/STATE/ZIP

## OWNERSHIP

INDIVIDUAL _____ Individual Owner Name

CORPORATION

_____ Corporation Name

_____ Name of Corporation President

_____ Street Address

_____ Telephone

_____ City/State/Zip

_____ Email Address

Pool Management Company/Certified Operator _____

Days and Hours of Operation _____

Telephone Number of Pool/Spa/Beach _____

_____ **Date**

_____ **Signature of Owner/Agent**

Returned check fee $25

**Office use only**

Rev Oct 2022

RECEIPT NO _____ PERMIT NO _____ DATE ISSUED _____


**ENVIRONMENTAL HEALTH**

240-313-3400 Voice • 800-552-7724 TDD • 240-313-3424 Fax
wchd.eh@maryland.gov

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## STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section l-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State workers' compensation laws indicating the employer's workers' compensation insurance policy or binder number.

**Circle the number of the option below which applies to you, provide the requested information, sign and date the form, and return it with the attached application.**

1. I have workers' compensation insurance.

   Insurance Company _____

   Policy or Binder number _____

2. A waiver has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE WAIVER.)

3. As provided by Maryland Annotated Code Article 101, I am exempt from having workers' compensation insurance. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE.)

4. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE.)

| | |
|---|---|
| _____ | _____ |
| Date | Signature |
| _____ | _____ |
| Company Name | Title |
| _____ | _____ |
| Address | Type of License |
| _____ ___ _____ | |
| City St Zip | |