



KENT COUNTY HEALTH DEPARTMENT



COUNTY OF KENT

WILLIAM WEBB, HEALTH OFFICER
125 S. LYNCHBURG STREET, CHESTERTOWN, MD 21620 • 410-778-1350

STATE OF MARYLAND

SWIMMING POOL - SPA OPERATING PERMIT Annual Application

Name of facility: _____

911 address of facility: _____

Mailing address: _____

Facility contact person: _____ Email: _____

Owner of facility: _____

Mailing address: _____

Telephone: _____ Email: _____

Application is hereby made for a permit to operate an: Swimming pool(s) () Spa ()

Facility is: Indoor () Outdoor ()

Facility operating period: All year () Seasonal () From _____ to _____

Operating hours from _____ to _____

Facility operates after 8 pm: Yes () No ()

Facility hosts or is part of a "Youth Camp": Yes () No () _____

Pool Management Company (if applicable): _____

Date: _____ Signature of Owner or Agent: _____

LICENSED POOL OPERATORS Minimum of two operators required

Name	Home Address	KCHD Pool Card #	Expiration Date