INDEPENDENCE HEALTH DEPARTMENT

Swimming Pool Permit Application

Environmental Public Health Division
515 S. Liberty Street
P. O. Box 1019
Independence, MO 64051-0519
Phone: (816) 325-7803 Fax: (816) 325-7074
www.independencemo.org/health

This form must be completed for all new facilities, a change of ownership and for any changes to facility information. If the information on this application changes, this department is to be notified. Picture identification is required to process application (i.e. driver's license, passport, etc.) PLEASE PRINT LEGIBLY.

Facility Name: (as it will be shown on permit)		Phone: ( )_____ Fax: ( )_____ Cell: ( )_____ Email: _____ Website: _____
Facility Address:	City:_____ Zip Code:_____	
Anticipated Opening Date:	The Hours of pool operation:_____ Number of attendants on duty: _____ Is a snack bar facility available? ❑ Yes ❑ No	

OWNERSHIP INFORMATION

Ownership Legal Type: ☐ LLC ☐ Corporation ☐ Individual ☐ Partnership ☐ Local Government ☐ Association

Owner's Name:		Phone: ( )_____ Cell: ( )_____ Fax: ( )_____ Email: _____ Website: _____
Owner's Address:	City/State:_____ Zip Code:_____	

BILLING INFORMATION

Bill to Name or ☐ Same as Site:		Phone: ( )_____ Cell: ( )_____ Fax: ( )_____ Email: _____
Bill to Address:	City/State:_____ Zip Code:_____	

AUTHORIZED AGENT/EMERGENCY CONTACT INFORMATION:

Authorized Agent (person affiliated with establishment after opening) for a corporation may sign this document in lieu of owner. No other agent's signature will be accepted.

Primary Agent's Name and Title:		Date of Birth:_____ Home: ( )_____ Cell: ( )_____
Address:	City/State:_____ Zip Code:_____	
Secondary Agent's Name and Title:		Date of Birth:_____ Home: ( )_____ Cell: ( )_____
Address:	City/State:_____ Zip Code:_____	

The undersigned hereby applies for a permit to operate a Swimming Pool pursuant to the City of Independence Code and herby certifies that the undersigned has received a copy of the City of Independence Code. The undersigned hereby attest to the accuracy of the information provided in this application, and affirms that the undersigned will comply with the City of Independence Code and allow the Health Authority access to the establishment. IT IS UNLAWFUL TO PROVIDE FALSE INFORMATION ON THIS DOCUMENT.

_____ Signature

_____ Title

_____ Printed Name

_____ Date