



Swimming Pool Permit Application

Community Development Department-Health Permit Inspections
111 E Maple St
P. O. Box 1019
Independence, MO 64051-0519
Phone: (816) 325-7803 Fax: (816) 325-7770
www.independencemo.org

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: () _____
Facility Address:	City: _____	Cell: () _____
	Zip Code: _____	Email: _____
		Website: _____
Anticipated Opening Date:	The Hours of pool operation: _____	
	Number of attendants on duty: _____	
	Is a snack bar facility available? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OWNERSHIP INFORMATION

Ownership Legal Type: LLC Corporation Individual Partnership Local Government Association

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

BILLING INFORMATION

Bill to Name or <input type="checkbox"/> Same as Site:		Phone: () _____
		Cell: () _____
Bill to Address:	City/State: _____	Fax: () _____
	Zip Code: _____	Email: _____

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

The undersigned hereby applies for a permit to operate a Swimming Pool pursuant to the City of Independence Code and hereby 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