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|---------------------|-------------------|----------------|----------------------|
| Estab# | License Category: | Fee Processed: | Check#: |
| DATCP# | Effective Date: | Amount: \$ | Acct.#: 320-00-43575 |
| FOR OFFICE USE ONLY | | | |

ENVIRONMENTAL HEALTH CONSORTIUM

SOUTH MILWAUKEE HEALTH DEPARTMENT

CUDAHY, SOUTH MILWAUKEE, ST. FRANCIS

2424 15TH AVENUE

SOUTH MILWAUKEE, WI 53172

(414) 768-8055

FAX: (414) 768-5720



PUBLIC POOL/WATER ATTRACTION PERMIT APPLICATION

Please print or type. Submit completed application (signed and dated) and applicable fees to the address above.

| | | | | | |
|---|--|----------------------------|-------------|---------------|----------------|
| Application is for: <input type="checkbox"/> New Establishment <input type="checkbox"/> Change of Operator <input type="checkbox"/> Remodel/Modification <input type="checkbox"/> Risk Change | | | | | |
| Establishment Name/DBA: | | Establishment Telephone: | | | |
| Establishment Address: | | | | | |
| Billing Street Address, City, State & Zip Code (if different than above): | | | | | |
| Primary Contact (Operator/Manager): | | Primary Contact Telephone: | | | |
| Primary Contact Email: | | Fax: | | | |
| Legal Entity (check one): <input type="checkbox"/> Sole Proprietor (Individual) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC* <input type="checkbox"/> Nonprofit Organization <small>*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.</small> | | | | | |
| Legal Licensee: | | Legal Licensee Telephone: | | | |
| Licensee Street Address, City, State & Zip Code: | | | | | |
| Name of Corporate Contact/Agent (if applicable): | | | | | |
| Corporate Contact/Agent Email: | | Fax: | | | |
| Operation: <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal If Seasonal, months of operation: | | | | | |
| Is the pool/water attraction compliant with the Virginia Graeme Baker Act (VGBA)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Does your facility offer instructional programs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If "Yes", is the instructional program staffed by a lifeguard? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| PLEASE CHECK THE APPROPRIATE CATEGORY | | | | | |
| <i>ESTABLISHMENT TYPE:</i> | | | <i>FEES</i> | | |
| PUBLIC POOL/WATER ATTRACTION | | NUMBER OF EACH | | ANNUAL PERMIT | PRE-INSPECTION |
| <input type="checkbox"/> Swimming pool / Combination pool <i>(swimming and diving)</i> | | Indoor: | Outdoor: | \$307 | \$210 |
| <input type="checkbox"/> Whirlpool / spa | | Indoor: | Outdoor: | \$307 | \$210 |
| <input type="checkbox"/> Wading Pool <i>(maximum depth of 24 inches)</i> | | Indoor: | Outdoor: | \$307 | \$210 |
| <input type="checkbox"/> Water attraction <i>(activity, wave, plunge, vortex, vanishing edge, etc. pools)</i> | | Indoor: | Outdoor: | \$340 | \$210 |
| <input type="checkbox"/> Water attraction with up to 2 slides / waterslides | | Indoor: | Outdoor: | \$364 | \$210 |
| <input type="checkbox"/> Additional slides / waterslides | | Indoor: | Outdoor: | \$218 | \$86 |
| CHECKS OR MONEY ORDERS MADE OUT TO: CITY OF SOUTH MILWAUKEE | | | | Total: \$ | |

Signature of Licensee or Agent

Today's Date