

CHECK REC. \_\_\_\_\_ CHECK # \_\_\_\_\_  
 \$ \_\_\_\_\_ ACCT. # 320-00-43575  
 EFFECTIVE DATE: \_\_\_\_\_  
 FOR OFFICE USE ONLY

ESTAB # \_\_\_\_\_  
 DHS # \_\_\_\_\_  
 15-MONTH \_\_\_\_\_  
 LICENSE CATEGORY \_\_\_\_\_  
 \_\_\_\_\_  
 FOR OFFICE USE ONLY

**ENVIRONMENTAL HEALTH CONSORTIUM  
 CUDAHY, SOUTH MILWAUKEE & ST. FRANCIS  
 2424 15<sup>TH</sup> AVENUE  
 SOUTH MILWAUKEE, WI 53172  
 (414) 768-8055  
 FAX: (414) 768-5720**

**ENVIRONMENTAL HEALTH CONSORTIUM POOL APPLICATION**  
 (CUDAHY, SAINT FRANCIS AND SOUTH MILWAUKEE HEALTH DEPARTMENTS)  
CHECKS OR MONEY ORDERS CAN BE MADE OUT TO:  
CITY OF SOUTH MILWAUKEE

ESTABLISHMENT NAME: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_  
 (STREET) (CITY) (STATE) (ZIP)

BILLING ADDRESS (IF DIFFERENT THAN ABOVE): \_\_\_\_\_  
 (STREET) (CITY) (STATE) (ZIP)

ESTABLISHMENT TELEPHONE: \_\_\_\_\_ ALTERNATE TELEPHONE: \_\_\_\_\_

ESTABLISHMENT FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LEGAL LICENSEE: \_\_\_\_\_  CORPORATION  INDIVIDUAL  PARTNERSHIP  LLC  
 LEGAL LICENSEE CAN BE AN INDIVIDUAL, PARTNERSHIP, CORPORATION OR LLC. IF LICENSED AS A CORPORATION, IT MUST BE REGISTERED WITH THE  
 STATE OF WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS.

AGENT FOR THE CORPORATION (IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 (STREET) (CITY) (STATE) (ZIP)

TELEPHONE: \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE CATEGORY AND INDICATE THE NUMBER OF EACH TYPE OF POOL ON THE PROPERTY.**

POOL LICENSE CATEGORIES

Swimming \_\_\_\_\_  Whirlpool \_\_\_\_\_  Combination \_\_\_\_\_  Wading \_\_\_\_\_  Slide \_\_\_\_\_  
 Wave \_\_\_\_\_  Other \_\_\_\_\_ TOTAL NUMBER OF POOLS \_\_\_\_\_

**THE FEE PER EACH POOL IS:.....\$278**

Does your facility offer instructional programs? YES  NO

If yes, is the instructional program staffed by a lifeguard? YES  NO

\_\_\_\_\_  
*Signature of Licensee or Agent*

\_\_\_\_\_  
*Today's Date*