



# Aquatic Facility Application

## Environmental Health Division

Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Site No. \_\_\_\_\_

Date Received \_\_\_\_\_

For Office Use Only

**Incomplete Applications will not be approved**

Name of Establishment: \_\_\_\_\_ Establishment Phone: (\_\_\_\_) \_\_\_\_\_

Establishment Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Billing Name: \_\_\_\_\_ Billing Phone: (\_\_\_\_) \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Establishment Description:  For Profit  Non-Profit (Tax Exempt Number \_\_\_\_\_)

### ESTABLISHMENT INFORMATION

**(!)(!)(!) An Annual Data Sheet and an Annual Electrical Inspection must be submitted prior to the Permit Inspection (!)(!)(!)**

Forms can be found online at:

<http://www.wichitafallstx.gov/2342/Aquatic-Facility-Fees-Forms>

Forms can be picked-up in person at:

Wichita Falls-Wichita County Public Health District  
Environmental Health Division  
1700 3<sup>rd</sup> Street | Wichita Falls, TX 76301

Please check the appropriate box/boxes that best describes your establishment:

### ADDITIONAL PERMITS

- Food Permit (Attach Additional Application)
- Grease Trap Permit (Attach Additional Application)
- Lodging Permit (Attach Additional Application)

### FEES

\$206 x \_\_\_\_\_ Number of Swimming Pools

\$206 x \_\_\_\_\_ Number of Spas/"Hot Tubs"

\$206 x \_\_\_\_\_ Number of Stand Alone Public Interactive Water Features

\$52 x \_\_\_\_\_ Number of Pool Managers without a Certified Pool Operator or Equivalent License

(Must take the Wichita Falls-Wichita County Public Health District Aquatic Facility Course)

### TOTAL PERMIT FEES DUE

\$

I (we) apply for a permit to operate an aquatic facility and by this application do agree to comply with the rules and regulations set forth by the Wichita Falls-Wichita County Public Health District. I (we) understand that any falsifications or omissions as to the material fact or any violation of any law by designees or myself will constitute grounds for revocation or suspension of this permit by the Health District.

Applicant Print Name

Applicant Signature

Date