



**Consumer Health Renewal
Swimming Pool Application**

PHONE 940-349-8360 FAX 940-349-7208

Consumer Health Division * 401 N. Elm St. Denton, Texas 76201 * 940.349.8360 * 940.349.7208 Fax

Business Owner Information:

Date _____ Tax ID # _____
Name _____ Business Phone _____
Name of Business _____ Business Owner Name _____
Business Address _____
Suite _____ Zip Code _____

Mailing Information:

Name _____ Phone _____
Mailing Address _____ City _____
State _____ Zip Code _____

Property Owner Information:

Name _____ Phone _____
Address _____ City _____
State _____ Zip Code _____

General Information:

Gate Code (if applicable) _____
Emergency Contact _____ Phone _____
Name of person holding Certified Pool Operator
Certification _____ Expiration Date _____

Health Permit Information:

Permit # _____

**New Pool Application Fee: \$162
Annual Fee: \$162**

#4418
Swimming Pool (number of pools) _____