



Winnebago County Health Dept.

555 N. Court Street, Room 302
Mail To: P.O. Box 4009, Rockford, IL 61110-0509
Phone: (815) 720-4100 Fax: (815) 720-4203
E-mail: environmental@wchd.org Web site: www.wchd.org

FOR OFFICE USE ONLY
Date:
Amt. Rec'd:
Prorated/Late Fee:
Check./Cash/Credit:
Receipt No:
Permit No:

APPLICATION FOR SWIMMING FACILITY PERMIT

Permit Year: June 1st - May 31st

Please read carefully to insure that the information is completed and accurate.

Permit Fee: \$150.00 Each

ESTABLISHMENT: ADDRESS:

CITY: STATE: ZIP:

PHONE: EXT: FAX:

E-MAIL: WEBSITE:

DAY(S) OF WEEK OPEN: OPENING DATE: OPENING TIME:

OWNER OF BUSINESS: ADDRESS:

CITY: STATE: ZIP:

PHONE: EXT: FAX:

E-MAIL:

OPERATOR/AGENT: ADDRESS:

CITY: STATE: ZIP:

PHONE: EXT: FAX:

E-MAIL:

MAIL TO: ADDRESS:

CITY: STATE: ZIP:

Check here if application is for: Pool Spa Bathing Beach

APPLICATION INSTRUCTIONS: Fill out application in its entirety and return it to the Health Department together with the required fee. Delays in permit mailing may be the result of an incomplete permit application form. Make checks payable to WCHD. If the establishment is owned by a corporation, the names and addresses of the corporation officers must be provided.

Applicant hereby states he/she is familiar with the provisions of the Health Ordinance of Winnebago County and that he/she will operate this establishment in compliance with said provisions at all times.

APPLICANT'S SIGNATURE

COUNTY SANITARIAN

By typing your name in the above signature boxes, you are electronically signing this document