



455 N. Main – 1st Floor Wichita KS 67202
 CITY LICENSE (316) 268-4553
 ENVIRONMENTAL HEALTH (316) 268-8351

**SWIMMING POOL
 WADING POOL
 SPA POOL
 RECREATIONAL WATER FEATURE
 LICENSE APPLICATION**
Please allow 10 days for processing

Please use separate application form for different addresses.

Date _____

Annual License Fees – Mark with (X)

- _____ \$200 Fee for 1st annual swimming pool, wading pool, spa pool, or other recreational water feature.
- _____ \$100 Fee for additional annual swimming pool, wading pool, spa pool, or other recreational water feature at same location.

Seasonal License Fees (open six or fewer months each year) – Mark with (X)

- _____ \$125 Fee for 1st seasonal swimming pool, wading pool, spa pool, or other recreational water feature.
- _____ \$ 50 Fee for additional seasonal swimming pool, wading pool, spa pool, or other recreational water feature at same location.

Type of license requested – Mark with (X)

- _____ Swimming Pool
- _____ Wading Pool
- _____ SPA Pool
- _____ Recreational Water Feature

Total Number Outdoor

- _____ Number of Pools
- _____ Number of Pools
- _____ Number of Pools
- _____ Number of Features

Total Number Indoor

- _____ Number of Pools
- _____ Number of Pools
- _____ Number of Pools
- _____ Number of Features

Address of Swimming Pool, Wading Pool, Spa Pool, and/or Recreational Water Feature:

APPLICANT INFORMATION:

Name		Phone Number	
Home Address		Zip	
Email			

BUSINESS INFORMATION:

Business Name		Phone Number	
Business Address		Zip	
Mailing Address		Zip	

MANAGER

Name			
Home Address		Zip	
Phone Number		Birth Date	

I, _____, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I have read and understand all rules and regulations as set out in the Code of the City of Wichita. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules, or regulations.

 Signature of Applicant

 Date

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE