Make Checks Payable to: WYOMING DEPARTMENT OF AGRICULTURE CONSUMER HEALTH SERVICES SECTION 2219 CAREY AVE. CHEYENNE, WY. 82002 (307) 777-7211

Instructions: Submit this application to the inspector of the WY Dept of Agriculture or local County Health Dept. Complete all sections. If a section is not applicable enter "N/A". If additional space is needed for any item, attach additional sheet.

APPLICATION FOR SWIMMING POOL, SPA OR SIMILAR INSTALLATION LICENSE AN EQUAL OPPORTUNITY EMPLOYER

LICENSE: \$100.00 Initial Fee; \$50.00 Annual Renewal Fee.
Facilities in business prior to July 1, 2003, shall pay a \$50.00 license fee.

- Licenses shall expire June 30th of each year -

LICENSE	ACCOL	INT	MIII	BER
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ACTIVATION DATE

LICENSE APPLICATION INFORMATION (to be completed by applicant)					
Type of Application:					
□ New □ Change of Owner □ Change of Location □ Other (Specify)					
Form of Organization	If Corporation/Business Entity Required to be Registered, Name of State where Incorporated/Registered				
□ Individual □ Association □ Corporation					
□ Partnership □ Other Legal Entity (specify)	Date Incorporated/Registered (month/year)				
- Facility Information -					
Facility Name:					
Address:C Area Code & Phone Number : ()					
- Applicant Information -					
Name of Applicant: Last First and middle initial					
Address:	ity: State: Zip:				
Address: City: State: Zip: Area Code & Phone Number : ()					
Mailing Indicator - please indicate where to mail license to: (1 = Facility; 2 = Applicant)					
Type of Facility (please √ applicable boxes)					
□ Pool □ Spa □ Wading Pool □ Slide □ Flume □ Therapy Pool/Spa □ Flow Thru Pool/Spa					
Other (specify)	D IN THIS APPLICATION. I AGREE TO COMPLY WITH ALI				
I ATTEST TO THE ACCURACY AND INFORMATION PROVIDED IN THIS APPLICATION. I AGREE TO COMPLY WITH ALL APPLICABLE WYOMING LAWS AND REGULATIONS AND I UNDERSTAND THAT EACH SECTION OF THE LAWS AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE. I AGREE TO ALLOW THE REGULATORY AUTHORITY ACCESS TO MY FACILITY.					
SIGNATURE OF APPLICANT DATE	APPROVING OFFICIAL COUNTY				