



# POOL LICENSE APPLICATION

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES  
FOOD & CONSUMER SAFETY SECTION

By provision of MCA 50-53-201, a license is required for each **separate** public swimming pool or public bathing place.  
(A pool is considered separate if (a) water does not commingle with water from any other pool or (b) it is serviced by a separate filtration system)

Public swimming pool/other water feature with a volume > 4,000 gallons (\$200 license fee)

**PLEASE PRINT**

Licensee (Operator/Owner) Name: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Location Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Telephone: (\_\_\_\_) \_\_\_\_\_ Contact FAX: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

*I hereby certify that the information I have supplied above is true and correct.*

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Regulatory authority must submit applications with fees to DPHHS/FCSS.  
DPHHS will not accept license applications directly from applicants.**

**This Section is to be completed and signed by the Regulatory Authority Only!**

Type of Pool:

Publicly Owned  Privately Owned  
 Open Year-Round  Seasonal  Open Year-Round  Seasonal

Subtype:  Flow Thru HS  Wading Pool  Splash Deck  Pool  Spa  Lazy River  Waterslide

Water Supply:

Public, PWSID # \_\_\_\_\_  
 Private, Test Results Satisfactory?  Yes  No

Previously Licensed:  No  Yes Former name of Establishment: \_\_\_\_\_

Previous License Number: \_\_\_\_\_ Last Calendar Year Licensed: \_\_\_\_\_

License Limitations and Restrictions: \_\_\_\_\_

*(The above statement will appear on the printed license identifying restriction with this license)*

SIGNATURE OF REGULATORY AUTHORITY: \_\_\_\_\_

*(Signature verifies compliance with applicable statutes and rules for this establishment – 50-53-201, MCA)*

PRINTED NAME OF REGULATORY AUTHORITY: \_\_\_\_\_

DATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_