



AQUATIC FACILITY LICENSE APPLICATION

Establishment Information						
Operating Name of Facility:						
Physical Address of Facility:						
Mailing Address (if different):						
Email Address for Facility:				Facility Telephone Number:		
Owner/License Holder Information						
Owner Name:						
Owner Mailing Address:						
Email Address:				Owner Telephone Number:		
Facility Owned by:		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
If the owner is other than an individual; provide names, titles, and contact information of all owners or officers.						
Primary Point of Contact/Person Directly Responsible for Establishment						
Name and Title:						
Email Address:				Telephone Number:		
Email address for inspection results:						
Check all that apply.						
<input type="checkbox"/> Facility <input type="checkbox"/> Owner <input type="checkbox"/> Primary POC <input type="checkbox"/> Other _____						
Facility Information						
Check all that apply.						
<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Wading Pool <input type="checkbox"/> Plunge Pool <input type="checkbox"/> Diving Pool <input type="checkbox"/> Training Pool <input type="checkbox"/> Spa						
<input type="checkbox"/> Interactive Water Fountain <input type="checkbox"/> Second Swimming Pool <input type="checkbox"/> Third Swimming Pool <input type="checkbox"/> Other _____						
Months of Operation:				Bather Capacity:		
Hours of Operation:				Anticipated Bather Load:		

Facility Information Continued		
Surface Area of each water body (square feet):		
Gallorage of each water body:		
Filter Type (Circle): Sand Cartridge Diatomaceous Earth Other: _____	Filter Size (Sq.Ft):	Disinfection Medium (List Type; Gas, Dichlor, etc.):
Water Supply		
<input type="checkbox"/> Municipal <input type="checkbox"/> Rural <input type="checkbox"/> Private		
Sewer System		
<input type="checkbox"/> Municipal <input type="checkbox"/> Private		

**Newly Constructed or remodeled facilities must submit a plan review packet.*

**Plan review packets must receive approval from the department prior to applying for an aquatic facility license.*

This application must be accompanied by the following:

- License Fee
- Names and Proof of Certified Pool Operator Certifications for all Qualified Operators
- The Following Plans:

<input type="checkbox"/> Operations	<input type="checkbox"/> Facility Evacuation
<input type="checkbox"/> Training	<input type="checkbox"/> Communication
<input type="checkbox"/> Safety	<input type="checkbox"/> Inclement Weather
<input type="checkbox"/> Accidental Chemical Release	<input type="checkbox"/> Air Quality Operations for Indoor Facilities

Failure to include these documents will result in the rejection of the application.

Statement of Understanding

I attest that all information provided on this form is accurate. I agree to operate in compliance with all mandated requirements for aquatic facilities as specified in the First District Health Unit Aquatic Facility Rules and Regulations. I agree to grant unrestricted access to the entire premises of the named facility, including any pertinent records as specified in the FDHU Aquatic Facility Rules and Regulations.

APPLICANT SIGNATURE

TITLE

DATE

Licenses are issued for the calendar year, are non-refundable, and non-transferable.

Submit completed application and all associated documents to:

FIRST DISTRICT HEALTH UNIT
801 11TH AVE SW
MINOT ND 58701

FAX: (701) 852-5043

EMAIL: bfred@nd.gov

FOR OFFICE USE ONLY				
Application and Plan Review Approved By:				
_____ EHP Signature			_____ Date	
PAYMENT INFORMATION				
Fee Paid	Date Paid	Payment Method	Received By	Permit No.