



Aquatic Facility Application

Environmental Health Division

Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Site No. _____

Date Received _____

For Office Use Only

Incomplete Applications will not be approved

Name of Establishment: _____ Establishment Phone: (____) _____

Establishment Address: _____ City/State/Zip: _____

Name and E-Mail (inspections sent to): _____

Name and E-Mail (inspections sent to): _____

Name and E-Mail (inspections sent to): _____

Owner's Name: _____ Owner's Phone: (____) _____

Owner's Address: _____ City/State/Zip: _____

Billing Name: _____ Billing Phone: (____) _____

Billing Address: _____ City/State/Zip: _____

Emergency Contact Person: _____ Phone: (____) _____

Establishment Description: For Profit Non-Profit (Tax Exempt Number _____)

ESTABLISHMENT INFORMATION

(!)(!)(!) An Annual Data Sheet and an Annual Electrical Inspection must be submitted prior to the Permit Inspection (!)(!)(!)

Forms can be found online at:

<http://www.wichitafallstx.gov/2342/Aquatic-Facility-Fees-Forms>

Forms can be picked-up in person at:

Wichita Falls-Wichita County Public Health District
Environmental Health Division
1700 3rd Street | Wichita Falls, TX 76301

Please check the appropriate box/boxes that best describes your establishment:

ADDITIONAL PERMITS

- Food Permit (Attach Additional Application)
- Grease Trap Permit (Attach Additional Application)
- Lodging Permit (Attach Additional Application)

FEES

\$200 x _____ Number of Swimming Pools

\$200 x _____ Number of Spas/"Hot Tubs"

\$200 x _____ Number of Stand Alone Public Interactive Water Features

\$50 x _____ Number of Pool Managers without a Certified Pool Operator or Equivalent License

(Must take the Wichita Falls-Wichita County Public Health District Aquatic Facility Course)

TOTAL PERMIT FEES DUE

\$

I (we) apply for a permit to operate an aquatic facility and by this application do agree to comply with the rules and regulations set forth by the Wichita Falls-Wichita County Public Health District. I (we) understand that any falsifications or omissions as to the material fact or any violation of any law by designees or myself will constitute grounds for revocation or suspension of this permit by the Health District.

Applicant Print Name

Applicant Signature

Date