



STEPHANIE RAWLINGS-BLAKE  
MAYOR

**PUBLIC SWIMMING POOL/SPA LICENSE APPLICATION**

BALTIMORE CITY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
1001 E. Fayette Street  
Baltimore, Maryland 21202

410-396-4428 • pool-spa-license@baltimorecity.gov



OXIRIS BARBOT, M.D.  
COMMISSIONER OF HEALTH

**PLEASE PRINT OR TYPE INFORMATION**

Pool/Spa Name	Phone	
Location Address	Number of pools/spas to be licensed	<input type="checkbox"/> Indoor
Mailing Address (If different from Location Address)	Pool(s):	Spa(s): <input type="checkbox"/> Outdoor
Owner's Phone	Name of Owner	
	Owner's Address	

If a partnership, co-owner, etc., list the names and addresses of all owners on the reverse side. If a corporation, list the name of the principal officer of the corporation and address above the names, addresses, and titles of other officers on the reverse side.

**Resident Agent or Owner of the Facility**

Name	Phone
Address	

**Swimming Pool/Spa Management Company  
(If applicable)**

Name	Phone
Address	

**Fee Listing**

Public Swimming Pool/Spa (Per pool/spa)	\$455.00
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Enclose all applicable fees. Make check payable to Director of Finance. Mail completed form to address listed above.

**I have carefully examined and read the above application and the attached personnel roster and know the same is true and correct, and that, in operating each swimming pool/spa at this location, compliance with all applicable laws and regulations for the City of Baltimore and the State of Maryland will be mandated. I understand that falsification of this application may result in denial or revocation of the license. I do solemnly swear, under penalty of perjury, that all information contained hereon is true and correct.**

*Note: Signature must be that of owner or principal officer listed above or on the reverse and may not be that of a pool or management company.*

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Signature (Required) Print Name (Required) Date

**PUBLIC SWIMMING POOL/SPA LICENSE APPLICATION (CONT'D)**

**PUBLIC SWIMMING POOL/SPA  
PERSONNEL ROSTER**

*Please make a separate sheet for each pool or spa at this location. On each sheet, write the name and location. After first sheet, you may write "same" in fields where information does not change.*

Pool/Spa Name	Phone
Location Address	Pool/Spa Management Company
Office Address (If different from Location Address)	Office Phone
Manager's Name	Contact Phone
Manager's Address	

Please complete information below and submit with license application.  
**INCLUDE COPIES OF ALL CERTIFICATIONS WITH THIS ROSTER.**

**Swimming Pool/Spa Equipment Operators**

Facility Identification Name: \_\_\_\_\_

Check One:  Pool  Spa

Name	Pool/Spa Operator Expiration Date	Lifeguard Expiration Date *	First Aid Expiration Date *	CPR Expiration Date *

\* If operator performs any lifeguard duties

**Swimming Pool Lifeguards**

Name	Lifeguard Expiration Date	First Aid Expiration Date	CPR Expiration Date

Additional names for both positions may be noted on a separate blank form.

If new personnel is staffed after the submission of this roster, please note information on a blank form and mail immediately.