



SPA/WADING POOL LICENSE APPLICATION

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
FOOD & CONSUMER SAFETY SECTION – 406.444.2408

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)

Spa or wading pool with a volume ≤ 4,000 gallons (\$75 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: (____) _____

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 Spa or Wading Pool (Check only one):

Spa
 Open Year-Round Seasonal

Wading Pool
 Open Year-Round Seasonal

Water Supply:

City/Municipal
 Public (Non-Municipal), PWSID # _____
 Private, Test Results Satisfactory? Yes No

Sewage Treatment:

Public, DEQ # _____
 Private, Permit # _____

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: _____