



**Consumer Health Renewal  
Swimming Pool Application**

PHONE 940-349-8360 FAX 940-349-7208

**Consumer Health Division \* 401 N. Elm St. Denton, Texas 76201 \* 940.349.8360 \* 940.349.7208 Fax**

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**Business Owner Information:**

Date \_\_\_\_\_ Tax ID # \_\_\_\_\_  
Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
Name of Business \_\_\_\_\_ Business Owner Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Suite \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mailing Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Property Owner Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

**General Information:**

Gate Code (if applicable) \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Name of person holding Certified Pool Operator  
Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Health Permit Information:**

Permit # \_\_\_\_\_

**New Pool Application Fee: \$250.00**

**#4418**  
Swimming Pool (number of pools) \_\_\_\_\_

@\$160.00 per pool