



## Washington Ozaukee Public Health Department License Application

To receive a license, send the completed application and fee(s), check or money order, payable to **Ozaukee County**. You will be contacted to arrange a date to inspect and license the facility.

**\*Note: Licenses are not transferable. A change of operator requires a pre-inspection and a new license\***

Application is for: ☐ **New Establishment** ☐ **Change in Ownership**

|                                                                                             |                                                           |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Establishment Name                                                                          | County – Washington or Ozaukee<br>(circle one)            |
| Establishment Street Address, City, State and Zip Code                                      | Establishment Telephone<br>(      )                       |
| Name of Operator                                                                            | E-mail Address                                            |
| Legal Licensee (such as name of sole proprietor, partnership, LLC, Corporation)             | Legal Licensee Telephone<br>(      )                      |
| Licensee Street Address, City, State and Zip Code (if different than establishment address) | Intended Date of Opening                                  |
| Name of Former Business or Operator (if applicable)                                         | Mailing Address (circle one)<br>Establishment or Licensee |
| Certified Pool Operator Name and Certification ID Number (if applicable)                    | Certification Expiration Date                             |

### Department of Safety and Professional Services plan approval is required for new/alterd/modified pools

**\*SWIMMING POOL (per basin) – ATCP 76\*\*\***

| License Category                                  | Total Fees Due   | Annual Fee      | Pre-Inspection  |
|---------------------------------------------------|------------------|-----------------|-----------------|
| <input type="checkbox"/> Simple Pool              | <b>\$515.00</b>  | <i>\$315.00</i> | <i>\$200.00</i> |
| <input type="checkbox"/> Simple Pool w/features   | <b>\$857.00</b>  | <i>\$525.00</i> | <i>\$332.00</i> |
| <input type="checkbox"/> Moderate Pool            | <b>\$770.00</b>  | <i>\$470.00</i> | <i>\$300.00</i> |
| <input type="checkbox"/> Moderate Pool w/features | <b>\$1112.00</b> | <i>\$680.00</i> | <i>\$432.00</i> |
| <input type="checkbox"/> Complex Pool             | <b>\$965.00</b>  | <i>\$590.00</i> | <i>\$375.00</i> |
| <input type="checkbox"/> Complex Pool w/features  | <b>\$1307.00</b> | <i>\$800.00</i> | <i>\$507.00</i> |

### **\*See reverse side for pool risk determination checklist\***

- Wis. Stat. 97.67(5) and 97.605(1)(c) "No license may be issued until all applicable fees have been paid."
- Wis. Stat. 97.67(1) "No person...who has not been issued a license under this section may conduct, maintain, manage or operate a campground and camping resort, recreational camp and educational camp or public swimming pool, as defined by department rule."
- Within 30 days after receiving a complete application for a permit, the department shall approve the application and issue a license or deny the application. If the application for a license is denied, the department shall give the applicant reasons, in writing, for the denial.

**A license shall not be issued to an operator without prior inspection.**

Return this application and check or money order payable to **Ozaukee County** to: Washington Ozaukee Public Health Department  
333 E Washington St, PO BOX 2003, West Bend, WI 53095 OR 121 W Main St, Room 246, Port Washington, WI 53074  
Phone: 262-335-4462 or 262-284-8170 Fax: 262-335-4463

\*\*\*To obtain a copy of the code that regulates your license, search online for ATCP 76. Contact our Department if you cannot access the codes\*\*\*

**\*POOL & WATER ATTRACTION COMPLEXITY GUIDE**

***Check all that apply***

|                                                          |    |                          |
|----------------------------------------------------------|----|--------------------------|
| Basin.                                                   | 1  | <input type="checkbox"/> |
| The pool type is a whirlpool or therapy pool.            | 1  | <input type="checkbox"/> |
| The basin is greater than 1,999 square feet in area.     | 1  | <input type="checkbox"/> |
| The pool is defined as a water attraction.               | 1  | <input type="checkbox"/> |
| Recirculation system, check <b>one</b> of the following: |    |                          |
| Recirculation system serves only a single pool basin.    | 1  | <input type="checkbox"/> |
| Recirculation system is shared with another pool basin.  | .5 | <input type="checkbox"/> |
| <b>TOTAL - Add all points to determine complexity</b>    |    |                          |

|                                                                                                                                 |                                                         |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------|
| <b>Does your pool have a Feature? Answer Yes / No and check box describing complexity and presence or absence of a feature.</b> |                                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>      |
| <input type="checkbox"/> 0 - 2, Simple, no Feature                                                                              | <input type="checkbox"/> 2.5 - 3, Moderate, no Feature  | <input type="checkbox"/> 3.5 or Greater, Complex, no Feature  |
| <input type="checkbox"/> 0 - 2, Simple with Feature                                                                             | <input type="checkbox"/> 2.5 - 3, Moderate with Feature | <input type="checkbox"/> 3.5 or Greater, Complex with Feature |

|                                                                                                                                                                                                 |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>TOTAL AMOUNT ENCLOSED: \$ _____</b>                                                                                                                                                          |              |
| Your signature below will acknowledge that you have received a copy of the code or information as to where to obtain a copy and will comply with all applicable Wisconsin Administrative Codes. |              |
| Signature of Applicant:                                                                                                                                                                         | Date signed: |

Please speak with someone from our Environmental Health team before submitting payment for a new application.