

MIAMI COUNTY HEALTH DEPARTMENT FOOD PERMITS
25 Court Street, Suite 211, PERU, IN 46970
Phone: 765-473-0284; 765-473-0283; fax 765-473-0285

**APPLICATION FOR A PERMIT TO OPERATE
A PUBLIC OR SEMI PUBLIC POOL OR SPA**

Application is hereby made for a permit to operate a public or semi public pool or spa. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 6-2.1 and Miami County Pool Ordinance 6-11-07 or any subsequent regulations. It is further agreed that the establishment shall be open to inspection by agents of the Miami County Health Department. Application for permit renewal shall be made prior to the expiration date of the existing permit unless establishment is seasonal which shall be made prior to reopening.

YOUR PERMIT IS NON-TRANSFERABLE

Any change of ownership or location requires a new permit. All annual permits expire April 30th of each year.

You must fill out this form completely and accurately. Return the **signed original form** and the **proper fee (\$25.00 for all annual pools)** to the Miami County Health Department. Submitting does not guarantee a permit will be issued. Late Fee: \$25.00 if not paid by expiration date or after pool opening.

Any changes in the information provided should be reported to the Health Department.

NON-PROFIT ONLY

No permit fee shall be paid by an organization exempt from the Indiana gross income tax under IC 16-42-5-4.

Name of Establishment: _____

The name commonly used or known, or the "doing business as" name.

Location of Establishment: _____

The physical location of the establishment. This may not be the same as the mailing address.

Establishment Mailing Address: _____

City: _____

State: _____

Zip: _____

The legal mailing address of the business by which the local operator or manager may be reached.

Business Telephone: _____

Fax: _____

Number which rings at the local business.

Emergency Telephone: _____

Number which will reach some one in authority in case of an emergency when business is closed.

Establishments Daily Opening & Closing Times:

Show the actual opening and closing times of the business. Be exact!

Sun: _____ Mon: _____ Tue: _____ Wed: _____ Thur: _____ Fri: _____ Sat: _____

If seasonal opening and closing dates: Open: _____

Close: _____

Signature: _____

Title: _____

Print Name: _____

Date: _____

DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY

Receipt Number: _____

Date Issued: _____

Payment Received: \$ _____

Date Expires: _____