



Public Health
Prevent. Promote. Protect.
Fargo Cass Public Health

FARGO CASS PUBLIC HEALTH
1240 25th Street South
Fargo, North Dakota 58103
(701) 476-6729

AQUATIC FACILITY LICENSE APPLICATION

NAME OF ESTABLISHMENT _____

ESTABLISHMENT ADDRESS _____

OWNER/OPERATOR _____

MAILING/BILLING ADDRESS _____

PHONE _____ EMAIL _____

Swimming Pools:

Year Round Pool	\$ 210.00	\$ _____
Seasonal Pool	\$ 140.00	\$ _____
Year Round Spa or Wading Pool	\$ 110.00	\$ _____
Seasonal Spa or Wading Pool	\$ 70.00	\$ _____
Spray pads/Splash parks	\$ 110.00	\$ _____
Blueprint Review	\$ 200.00	\$ _____

Total Fee \$ _____

Fees must be paid prior to January 1st of each year and are effective through December 31st.

The undersigned is familiar with the "Operational Standards for Swimming Pools" document and further attests that the aquatic site for which application is made will be operated in compliance with City ordinances and the above-mentioned document.

Date _____ Signature _____

(Please do not write below this line)

The foregoing application is hereby approved and it is recommended that a license be issued, subject to the following provisions:

Approved by _____ Date _____
(EHP or REHS)