



LA CROSSE COUNTY  
Health Department  
Nationally Accredited

## La Crosse County Health Department Environmental Health

Phone: 608-785-9771, Web: [www.lacrossecounty.org/health](http://www.lacrossecounty.org/health)

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# License Application – Seasonal Public Swimming Pools

Wis. Stat. § 97.67

Please mail application and payment to: La Crosse County Health Department, 300 4<sup>th</sup> Street North, 2<sup>nd</sup> Floor, La Crosse, WI 54601

ESTABLISHMENT/DBA INFORMATION:			
ESTABLISHMENT/DBA NAME:		COUNTY:	
ESTABLISHMENT STREET ADDRESS:	CITY:	STATE:	ZIP:

LEGAL ENTITY INFORMATION – CHECK ONE				
<input type="checkbox"/> Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Trust	In what state is your entity registered?
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):			COUNTY:	
LEGAL ENTITY MAILING ADDRESS:		CITY:	STATE:	ZIP:
LEGAL ENTITY EMAIL ADDRESS:		LEGAL ENTITY PHONE NUMBER: (    )    -		

CONTACT PERSON INFORMATION	
CONTACT PERSON:	TITLE:
EMAIL ADDRESS (Leave blank if same as above):	PHONE NUMBER (Leave blank if same as above): (    )    -

Public Pools and Water Attractions	FEE AMOUNT
<input type="checkbox"/> Seasonal Simple pool	<b>\$910.00</b> (\$400.00 License fee + \$510.00 Pre-inspection fee)
<input type="checkbox"/> Seasonal Simple pool with features	<b>\$988.00</b> (\$478.00 License fee + \$510.00 Pre-inspection fee)
<input type="checkbox"/> Seasonal Moderate pool	<b>\$1,113.00</b> (\$503.00 License fee + \$610.00 Pre-inspection fee)
<input type="checkbox"/> Seasonal Moderate pool with features	<b>\$1,190.00</b> (\$580.00 License fee + \$610.00 Pre-inspection fee)
<input type="checkbox"/> Seasonal Complex pool	<b>\$1,375.00</b> (\$650.00 License fee + \$725.00 Pre-inspection fee)
<input type="checkbox"/> Seasonal Complex pool with features	<b>\$1,450.00</b> (\$725.00 License fee + \$725.00 Pre-inspection fee)

**Note – Wisconsin Department of Safety and Professional Services plan of approval is required for new/altere d/modified pools.**

### Please read carefully before signing:

Information requested on this application must be provided to obtain a public swimming pool license. Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. § 15.04(1)(m)). Operating without a license is a violation of Wisconsin law. If you have been operating without a license, you may be required to pay an operating without a license fee in addition to the license fee. Licenses are not transferable between persons or locations. Licenses expire annually on June 30; except licenses issued after April 1 expire on June 30 of the following year. The license fee is not prorated for partial license years. The department or its agent may inspect premises at any reasonable time. Missing information may delay the issuance of your license. You cannot operate without a valid license issued by the Department or its agent. The undersigned hereby certifies that this is a true, complete, and accurate application for the public swimming pool license under Wis. Stat. § 97.67. **Within 30 days** after receiving a complete application for a license, the department or its agent shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department or its agent shall give the applicant reasons, in writing, for the denial. A license shall not be issued to an operator without prior inspection.

SIGNATURE – APPLICANT: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

### For Office Use Only:

Sanitarian:	Permit Facility <input type="checkbox"/> Yes <input type="checkbox"/> No
Year:	Healthspace ID Number:
Entered By:	Date:

