



Ripley County Health Department  
102 West 1<sup>st</sup> North Street/P.O. Box 745  
Versailles, IN 47042  
Phone: 812/689-5751 Fax: 812/689-3909  
<http://www.ripleyhealth.com>

## LICENSE APPLICATION FOR PUBLIC AND SEMI-PUBLIC SWIMMING POOLS AND SPAS

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**ANNUAL LICENSE FOR YEAR-ROUND OPERATIONS: \$50**  
**SEASONAL LICENSE FOR MAY THROUGH SEPTEMBER OPERATIONS: \$25**

PLEASE SEND CASH, BUSINESS CHECK OR MONEY ORDER TO THE **RIPLEY COUNTY HEALTH DEPARTMENT**. POOL INSPECTION WILL BE SCHEDULED AFTER APPLICATION AND PAYMENT ARE RECEIVED. *THE RIPLEY COUNTY HEALTH DEPARTMENT WILL NOT SCHEDULE INSPECTIONS PRIOR TO RECEIVING APPLICATION AND PAYMENT.*

**\*\*ALL APPLICATIONS ARE DUE ANNUALLY BY MAY 5<sup>TH</sup>.**

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NAME OF FACILITY: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAIL LICENSE/INSPECTION REPORT TO: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

POOL/SPA OPERATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

POOL/SPA OPERATOR'S EMAIL: \_\_\_\_\_

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SIGNATURE OF APPLICANT

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DATE