



455 N. Main – 1st Floor Wichita KS 67202  
 CITY LICENSE (316) 268-4553  
 ENVIRONMENTAL HEALTH (316) 268-8351

**SWIMMING POOL  
 WADING POOL  
 SPA POOL  
 RECREATIONAL WATER FEATURE  
 LICENSE APPLICATION**  
*Please allow 10 days for processing*

*Please use separate application form for different addresses.*

Date \_\_\_\_\_

**Annual License Fees – Mark with (X)**

- \_\_\_\_\_ \$200 Fee for 1st annual swimming pool, wading pool, spa pool, or other recreational water feature.
- \_\_\_\_\_ \$100 Fee for additional annual swimming pool, wading pool, spa pool, or other recreational water feature at same location.

**Seasonal License Fees (open six or fewer months each year) – Mark with (X)**

- \_\_\_\_\_ \$125 Fee for 1st seasonal swimming pool, wading pool, spa pool, or other recreational water feature.
- \_\_\_\_\_ \$ 50 Fee for additional seasonal swimming pool, wading pool, spa pool, or other recreational water feature at same location.

**Type of license requested – Mark with (X)**

- \_\_\_\_\_ Swimming Pool
- \_\_\_\_\_ Wading Pool
- \_\_\_\_\_ SPA Pool
- \_\_\_\_\_ Recreational Water Feature

**Total Number Outdoor**

- \_\_\_\_\_ Number of Pools
- \_\_\_\_\_ Number of Pools
- \_\_\_\_\_ Number of Pools
- \_\_\_\_\_ Number of Features

**Total Number Indoor**

- \_\_\_\_\_ Number of Pools
- \_\_\_\_\_ Number of Pools
- \_\_\_\_\_ Number of Pools
- \_\_\_\_\_ Number of Features

**Address of Swimming Pool, Wading Pool, Spa Pool, and/or Recreational Water Feature:**

**APPLICANT INFORMATION:**

Name		Phone Number	
Home Address		Zip	
Email			

**BUSINESS INFORMATION:**

Business Name		Phone Number	
Business Address		Zip	
Mailing Address		Zip	

**MANAGER**

Name			
Home Address		Zip	
Phone Number		Birth Date	

I, \_\_\_\_\_, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I have read and understand all rules and regulations as set out in the Code of the City of Wichita. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules, or regulations.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**FOR OFFICIAL USE ONLY**

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE