

License no.

Health District	Type
Pool name	Licensee
Address	
Pool volume (gal)	Pool surface area (sq ft)

This license has been issued in accordance with section 3749.04 of the Ohio Revised Code and Chapter 3701-31 of the Ohio Administrative Code. This license is subject to revocation or suspension for cause and is non-transferable.

Expires on May 31, _____

Date Issued

Health Commissioner