



Public Health
Prevent. Promote. Protect.

Unified Government Public Health Department

Division of Environmental Health

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WYANDOTTE COUNTY AQUATIC PERMIT RENEWAL APPLICATION

PLEASE READ BEFORE SUBMITTING

PLEASE WRITE CLEARLY AND LEGIBLY

INCOMPLETE APPLICATIONS WILL BE RETURNED & SUBJECT TO LATE FEES IF RESUBMITTED AFTER DUE DATE IF MULTIPLE POOLS AT DIFFERENT ADDRESSES, PLEASE FILL OUT ONE APPLICATION PER ADDRESS MULTIPLE BODY DISCOUNT ONLY APPLIES TO BODIES LOCATED AT THE SAME ADDRESS

SEPARATE APPLICATIONS REQUIRED FOR YEAR-ROUND POOLS AND SEASONAL POOLS NAME OR OWNERSHIP CHANGES CANNOT BE MADE ON THIS APPLICATION

Type of Business (circle one): Hotel Apartment HOA School Other: _____

Name of Establishment: _____

Address of Establishment: _____

City, ST, Zip: _____

Phone #: (____) _____ Email: _____

Mailing Address: _____ City: _____ Zip: _____

Owner(s) of Business: _____

Phone #: (____) _____ **RENEWAL EMAIL ADDRESS:** _____

Authorized Personnel Signature: _____ **Date:** _____
(Application invalid without signature)

ALL PERMITS EXPIRE MAY 31ST

A \$50 late fee per body of water will apply to all renewal applications submitted on or after June 1st

Check or Money Order ONLY

Make Check or Money Order payable to: **Unified Government Treasurer**

Is there staff on-site during business hours or is access to aquatic body/pump room required?
(Please circle one, provide code or instructions for access)

STAFF ON-SITE/ACCESS REQUIRED: _____

Numbers & Types of Bodies of Water

YEAR-ROUND/INDOOR (YR) 1 body of water: **\$300.00** 2 or more: **\$300.00 + \$200 per additional body**
SEASONAL/OUTDOOR (S) 1 body of water: **\$150.00** 2 or more: **\$150.00 + \$100 per additional body**
(Seasonal/Outdoor bodies of water may only operate up to 6 months during permit year)

Type of Aquatic Body (circle one): Year-Round (YR) Seasonal (S)
(Separate applications required for year-round pools and seasonal pools)

POOL: # _____ **SPA: #** _____ **SPRAY PARK/SPLASH PAD: #** _____

Total # of Aquatic Bodies: _____ **PRICE TOTAL:** _____

ESTABLISHMENT SHALL NOT OPERATE WITHOUT A CURRENT PERMIT ISSUED BY ENVIRONMENTAL HEALTH SERVICES

FOR OFFICE USE ONLY:	Rec. Date:	Permit #:	Initials:	ACK: Y / N	VGB: Y / N	Paid: Y / N	Notes: