

APPLICATION TO OPERATE A BATHING BEACH

MORROW COUNTY HEALTH DISTRICT

619 W. MARION RD

MT. GILEAD, OH 43338

1-419-947-1545

Instructions:

1. Complete all sections. Make additions or changes as necessary.
2. Sign and date the application
3. Submit the signed application and the appropriate fee, payable to

MORROW COUNTY HEALTH DISTRICT

Name of Beach: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

Name of Licensee: _____ Phone: _____

Address of _____

Licensee: City of _____ State of Licensee: _____ Zip of Licensee: _____

Licensee::

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name of Contact: _____ Phone: _____

Address' of Contact: _____

Beach Size: _____ 0 Maximum Bathers: _____ 0

Months of Operation _____ to _____ Hours of Operation _____ to _____

APPLICANT _____ DATE _____
(SIGNATURE)

License Fee Fee Description

--

(Office Use Only)

ID# _____ 1 YEAR _____ 2017

APPLICATION APPROVED _____ DATE _____