



COUNTY OF YOLO

Department of Community Services

Environmental Health Division

292 W. Beamer Street, Woodland, CA 95695

Phone: 530-666-8646 | Email: ehhealth@yolocounty.gov

Check Use

- New Permit
- Transfer of Ownership
- Change in Billing Info
- Change in Owner Info
- Name Change Only

RECREATIONAL HEALTH PERMIT APPLICATION

NAME OF BUSINESS: _____

Site Address: _____ City: _____ Zip: _____

Business Phone #: _____ Email: _____

Type of Establishment: Hotel/Motel Mobile Home Park Apartment Gym Community Other _____

OWNER / COMPANY NAME: _____

Ownership Status Of Above: [] Sole Proprietor [] Partnership [] Corporation [] LLC

Owner Name: _____ Phone #: _____ Email: _____

Owner Name: _____ Phone #: _____ Email: _____

Owner Name: _____ Phone #: _____ Email: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

BILLING INFORMATION:

Billing Address: _____ City: _____ State: _____ Zip: _____

STE/Apt: _____ Attn: _____ Billing Phone #: _____

Contact Name: _____ Email: _____

INDIVIDUAL POOL/SPA INFORMATION:

Pool Type: _____ Year Built: _____ Capacity (gal) _____ Location on Property: _____

Pool Type: _____ Year Built: _____ Capacity (gal) _____ Location on Property: _____

Pool Type: _____ Year Built: _____ Capacity (gal) _____ Location on Property: _____

The undersigned, as Manager and/or Owner, hereby submits this application for a Recreational Health permit in compliance with California Health & Safety Code.

I understand this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or a new location.

Applicant's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Fee Paid: _____ Receipt #: _____ PE: _____ Approved by: _____

Check #/CC: _____ FA #: _____ Assigned to: _____ Approved Date: _____