



Application For Public Swimming Pool or Spa Permit

Important: as of September 4, 2012 you must provide proof of your company's paid personal property taxes when applying for an annual license or permit. Saint Louis County Ordinance 25,124

This permit application is for the operation of a swimming pool or spa for the pool permit year **beginning on May 16 and ending on May 15 the following year** in accordance with Ordinance No. 21346. All public swimming pools must be in compliance with anti-entrapment section 2.13 which reduces the entrapment hazard.

**All requested information is required to process application.
Applications will not be accepted if any section is incomplete.**

Type of facility: ☐ Main ☐ Spa ☐ Toddler ☐ Wading ☐ Leisure ☐ Lap ☐ Spray ☐ Play Feature
Surface Area (square feet): _____ Location: ☐ Indoor ☐ Outdoor
Pool Hours of Operation: _____ am/pm to _____ am/pm

Pool Information

Address: _____ Fax: _____
City: _____ State: _____ ZIP: _____
Pool Name: _____

Contact Person (first and last Name): _____

Must have complete address with a valid street number.

Address: _____ Fax: _____
City: _____ State: _____ ZIP: _____
Business Phone: _____

Note: Fill in for new owner information or information listed is incorrect!

Owner Information

Organization Name: _____
Owner Name (First and Last Name): _____

Must have complete address with a valid street number.

Address: _____ Fax: _____
City: _____ State: _____ ZIP: _____
Business Phone: _____ Business Fax: _____
Other Phone: _____ (specify what number this is: i.e., cell, pool, etc.)
Email Address: _____

Please Note: Each swimming pool or spa owned by one entity, but operating in the same location is required to have an individual permit for each. Therefore, a separate application and fee is required for each pool or spa.

Fee Schedule: \$354.00 per pool or spa

Pools owned and maintained by any city, town, village, or Saint Louis County are exempt from fees. Only pools and spas in compliance with the suction entrapment section of the code will be permitted to operate.

Certified Pool Operator (CPO), Required

Mail Renewal To:
Name: _____ Certificate Number: _____ Mail **Permit** To: ☐ Pool Operator ☐ Owner
Address: _____ Contact Number: _____ Mail **Renewal** To: ☐ Pool Operator ☐ Owner
City, State, Zip Code: _____ Alternate Number: _____ Mail **Bill** To: ☐ Pool Operator ☐ Owner

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Food and Environmental Program

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