



Public Swimming Pool License Application

Government data practices act-Tennessee warning: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

License Information:

Licensee Name: _____

License Address: _____
Street City State Zip

Print Name As: _____ Email: _____

Phone: _____ Cell: _____ Emergency: _____

Applicant Information:

Name: _____

Physical Address: _____
Street City State Zip

Mailing address: _____
Street City State Zip

Phone: _____ Email: _____

MN Tax ID # or Social Security #: _____

Reason for application: New Pool Ownership Change / Date of Change: _____

Please indicate where you would like your correspondence mailed: Licensee Applicant

Fee Per Pool: \$264 x _____ = _____

Emergency Contact: _____ Phone: _____

Phone#2: _____ Email: _____

OFFICE USE ONLY

Date: _____ Receipt: _____ Amount Received: _____ Received by: _____

License approved by: _____ Risk: High Licensed issued: _____ TRAKIT Code: : _____

Swimming Pool License Application page 2 of 2

For corporations or partnerships, please list each officer, shareholder or partner. Attach additional sheets if necessary.

Name: _____

Address: _____

Street

City

State

Zip

Phone #: _____ Email: _____

Name: _____

Address: _____

Street

City

State

Zip

Phone #: _____ Email: _____

Pool information:

Total # of pools/spas for this address: _____

Pool # 1 type: Spa Pool Pool # 1 location: Indoor Outdoor

Pool # 2 type: Spa Pool Pool # 2 location: Indoor Outdoor

Pool # 3 type: Spa Pool Pool # 3 location: Indoor Outdoor

Certified Pool Operator :

Name: _____ Registered by: _____

Registration #: _____ Issued: _____ Exp: _____

Note: New pool licenses are only issued after approved construction has been reviewed by the Minnesota Department of Health and all related permits (ie. building, electrical, plumbing, etc.) inspections have been satisfactorily completed.

Enclose

- A license fee of \$264 per pool of made payable to the City of St. Cloud. Credit card payments are also accepted at City Hall or by phone 320-255-7214.
- A signed Certificate of Compliance of Minnesota Workers Compensation Law

I hereby submit this Swimming Pool License Application

Signature _____ Date _____

Printed name _____

Relationship of applicant to Facility : Owner Manager Other _____

Please make copies of this form as needed for each pool.

LICENSE REQUIREMENT

ALL PUBLIC POOLS MUST BE LICENSED IN THE STATE OF MINNESOTA. A LICENSE CAN ONLY BE ISSUED IF THE POOL IS COMPLIANT WITH THE **ABIGAIL TAYLOR POOL SAFETY ACT** AND A CERTIFICATE OF COMPLIANCE HAS BEEN FILED WITH THE LICENSING AUTHORITY. PUBLIC POOL OWNERS MUST CERTIFY COMPLIANCE ANNUALLY. PUBLIC POOLS ARE SUBJECT TO CLOSURE AND ENFORCEMENT ACTION WHEN FOUND NONCOMPLIANT.

Check One (✓)

CERTIFICATE OF COMPLIANCE

I certify that for the pool described below; all outlets except for unblockable drains are equipped with covers that have been stamped by the manufacturer that they are in compliance with ASME/ANSI standards; AND that all covers and grates, including mounting rings, have been inspected to ensure they have been properly installed and are not broken or loose.

Provide the installation of each pool drain cover for this pool.

1) _____ 2) _____ 3) _____

Provide the expiration of each pool drain cover for this pool.

1) _____ 2) _____ 3) _____

Name of Establishment: _____

Property Address: _____

Description of Pool: _____

City ID Number: _____

The public pool described above is not compliant with the Abigail Taylor Pool Safety Act and cannot be certified as compliant at this time. The pool has been closed.

Signature: _____ Date: _____

Printed Name: _____

**** LICENSES ISSUED BY ST CLOUD EXPIRE APRIL 30th EACH YEAR****

Submit a completed application and certification for each pool/spa with the required fee to The Health & Inspections Department, City of St. Cloud, 400 2nd Street South, St. Cloud, MN 56301.
Phone: (320) 255-7214

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
-----------------------------------------------	---------------------------	----------------------------

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
--------------------------------	-------	------

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.