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# Alexandria Health Department

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## POOL MANAGEMENT COMPANY LICENSE APPLICATION

**REPLY TO:** Environmental Health Division  
4480 King Street, Rm 360  
Alexandria, VA 22302  
Phone: 703-746-4910, Fax: 703-746-4919  
<http://alexandriava.gov/EnvironmentalHealth>

**Application For:**     New Permit                       Renew /Update Existing License

COMPLETE AND SUBMIT THIS LICENSE APPLICATION WITH ALL APPLICABLE APPLICATION FEES TO THE ALEXANDRIA HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH DIVISION. **ALL APPLICATION FEES ARE NON-REFUNDABLE.**

### COMPANY INFORMATION:

Name (d/b/a): \_\_\_\_\_ Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Website: \_\_\_\_\_ Telephone: \_\_\_\_\_

### CONTACT INFORMATION:

Company Contact: \_\_\_\_\_ Position Title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

### HISTORY OF POOL MANAGEMENT EXPERIENCE

Attach to this application a brief resume or Curriculum Vitae that detail at least 5 years of pool management experience within the last 7 years.

Employee Name: \_\_\_\_\_ CPO #: \_\_\_\_\_

Total Years Providing Pool Mgmt. Services: \_\_\_\_\_ Resume/Vitae Attached?     Yes     No

### NOTICE AND SIGNATURE

By signing this application, I/We attest to the accuracy of the information provided, affirm to comply with the City of Alexandria Regulations and Code, and will allow the regulatory authority access to the establishments we manage during any reasonable time to inspect, conduct tests, or collect samples as required.

\_\_\_\_\_  
**Applicant's Signature** (Please initial if completing electronically)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**(Print Name)**



**Office Use Only:**

Resume/CV Provided

License Application Date: \_\_\_\_\_ License Fee Paid Date: \_\_\_\_\_

Recommended by for License: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

File Active Date: \_\_\_\_\_ License Issued Date: \_\_\_\_\_

License Condition(s): \_\_\_\_\_

**AMOUNT:**

Effective April 14, 2010, the pool management company license application fee is **\$25**, due each calendar year.

**PAYMENT OPTIONS:**

Acceptable methods of payment include cash, check, and money order. Credit Card payments are not accepted at this time. Cash payments should be made in person, and Checks and money orders should be made payable to "City of Alexandria".

Applications and payments may be submitted in person or mailed to the Alexandria Health Department, Environmental Health Division, 4480 King Street, 3<sup>rd</sup> floor, Alexandria, VA 22302.