City of Arnold

Health Department
2912 Arnold Tenbrook Road
Arnold, Missouri 63010
(636) 282-2387 (office)
(636) 282-2394 (fax)

ARTIFICIAL WATER RECREATION LICENSE APPLICATION

I/We hereby submit the following information and make application for a permit to operate an Artificial Water Recreation as required by Ordinance No. 6.14, Bill No. 600. I/We will comply with the provisions of the ordinance and the rules and regulations.

Date of Application:_____

1. Name of Artificial Water Recreation: _____ Phone No. _____
2. Address of Artificial Water Recreation: _____
3. Type of Artificial Water Recreation: _____
4. Proprietor's Name: _____ Phone No: _____
5. Proprietor's Home Address: _____
6. Name (owner/agent) of Artificial Water Recreation: _____ Phone No: _____
7. Owner or Agent's Address: _____
8. Has an Artificial Water Recreation been in operation before this date at the address (2) shown above? _____
9. If answer to (8) is "yes", give name of proprietor, if known: _____
10. If answer to (8) is "no", give date when operation of Artificial Water Recreation is to be started _____
11. It is intended to operate this Artificial Water Recreation (circle one):

    A. Seasonal - Between the months of _____ and _____ each year.

    B. Full year operation - May 1st. through May 1st.

12. Opening and closing hours of Artificial Water Recreation: _____

_____
Signed - Applicant

PLEASE REMIT $20 ANNUAL FEE
WITH APPLICATION

_____
Health Department Inspector