



Winnebago County

Health Department

555 North Court Street, Rockford, IL 61103
Mail to: P.O. Box 4009, Rockford, IL 61110-0509
Phone: (815) 720-4100 Fax: (815) 720-4203
Email: environmental@publichealth.wincoil.gov
Website: publichealth.wincoil.gov

FOR OFFICE USE ONLY	
Date:	_____
Amt. Rec'd:	_____
Prorated/Late Fee:	_____
Check/Cash/Credit/E-PAY:	_____
Receipt No.:	_____
Permit No.:	_____

Application for Swimming Facility Permit

Permit Year: June 1st – May 31st

Permit Fee: \$150.00 Each

APPLICATION INSTRUCTIONS: Fill out application in its entirety and **return it to the Winnebago County Health Department (WCHD) together with the required fee.** Delays in permit mailing may be the result of an incomplete permit application form. Make checks payable to **WCHD**. *If the establishment is owned by a corporation, the names and addresses of the corporation officers must be provided.*

Facility Name: _____ Facility Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Ext. _____ Fax Number: _____
 Email: _____ Website: _____

Type of Facility Application is for: Pool Spa Bathing Beach

Days of Week Open: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Opening Date: _____ Opening Time: _____

Owner of Business: _____ Owner's Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Fax: _____ Email: _____

Operator/Agent: _____ Operator/Agent Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Fax: _____ Email: _____

Mail Permit To: _____ Address: _____
 City: _____ State: _____ Zip Code: _____

Applicant hereby states he/she is familiar with the provisions of the Health Ordinance of Winnebago County and that he/she will operate this establishment in compliance with said provisions at all times.

Applicants Signature: _____ Date: _____

FOR OFFICE USE ONLY

County Sanitarian Signature: _____ Date: _____

Submit completed application, supporting documents, and registration fee to the Winnebago County Health Department by one of the following methods:

In Person: 555 N. Court St., Rockford IL · **Mail:** P.O. Box 4009, Rockford, IL 61110-0509 · **Email:** environmental@publichealth.wincoil.gov

Fee may be paid with cash, check, card, or on E-PAY at: <https://publichealth.wincoil.gov/how-do-i-get-a-permit-or-license/>