



State of Florida
 Department of Health
 Group Facility Application
 Authority: 93-2 Osceola County Ordinance

_____ Identification #

Name of Facility: _____

Location: _____
Street City Zip Code

Owner's Name: _____

Owner's Address: _____
Street City, State Zip Code

Owner's Contact () _____ Business Contact () _____

Email _____

Maximum Capacity of Facility _____

Hours of Operation

_____ : _____ am/pm to _____ : _____ am/pm

Days of Operation

- Portable Water Supply (Water System)*
- Community/Public (off site) - **Public**
 - Other Public Drinking Water System - **Private**

- Sewage Disposal*
- Municipal
 - Septic tanks (individual system)

of Swimming Pools

Toilets Male Toilets Female Toilets Unisex

Showers Male Showers Female

Lavatories Male Lavatories Female

Urinals Males Separate Staff Toilets

- Type of Sanitizer*
- Chlorine
 - Hot Water
 - Iodine
 - Quaternary ammonium
 - Other _____

<i>Payment received</i> Date: _____ CC/Check/Cash _____ Rec. no. _____
