



SWIMMING POOL AND SPA CONTRACTOR LICENSE RENEWAL

LICENSE HOLDER: _____

ADDRESS:

TELEPHONE NO.:

TYPE OF LICENSE: All Swimming Pools
Above Ground Swimming Pool or Spa Only

NAME OF BUSINESS AFFILIATED WITH: _____

ADDRESS:

TELEPHONE NO.: _____ FAX NO.: _____

I swear that the above information is true and shall notify the City of Abilene in writing of any change in mailing address, change of location, or business affiliation.

Signature (License Holder)

ANNUAL RENEWAL LICENSE:

License For Year Ending:

Date Received:

Receipt No.: _____

PENALTY WILL BE ASSESSED IF LICENSE NOT RENEWED WITHIN 30 DAYS OF EXPIRATION.