

Telephone (432) 498-4141 Fax (432) 498-4143

## **DAYCARE CENTERS, CHILD CARE CENTERS**

Annuai	Renewai	Ar	oplication for Pe	rmit
Name of Operation:				
Address of Operation:				
Primary Phone Number:		Email:		
Hours of Operation:				
•				
	Day Care Center	: 13 or more chi		
<b>Applicant Information:</b>				
Type of Governing Body:				
☐ Corporation	□ Government	Agency	□ Partnership	☐ Non-Profit
☐ Individual			_ ranchership	_ Trom Trom
Name of Owner:				
Mailing Address of owner:				
City, State, Zip:				
Phone:		Email:		
Services Offered				
Snacks □ Provided	□ Not Provide	d □ Doo	ol on Promises F	7 Transportation
Meals ☐ Provided				
	fter School Care		yground L	
Licensed Number of Child			nhar Enrollad:	
Age Range of Children:			Caregivers:	
Age Range of Children		Number of v	caregivers.	<del> </del>
Payment Method:		Fee: \$15	50 00	
□ Cash		1 ου. φ1		
☐ Check Number:				
☐ Credit (in person or				
The applicant hereby acknowledges an understanding of the provisions of the ordinance relative to the payment of fees, expiration date of permit,				
renewal requirements, permit suspension				,
C:	1			Dete
Signature of A	ррпсан			Date
OFFICE USE ONLY [EAST WEST CENTRAL SOUTH]				
Receipt Number	Date	Permit Issued	Establish	iment Number
Reviewed and Approved by			Dawonsh	