



CHILDCARE - FOSTER- ADOPTIVE INSPECTION APPLICATION

PLEASE READ ENTIRE APPLICATION AND FILL IN ALL BLANKS COMPLETELY. FAILURE TO DO SO CAN RESULT IN DELAYS.

This application is hereby submitted for an inspection of a childcare facility or a foster/adoptive home. By this application it is agreed that the establishment will comply with the provisions of the Health, Sanitation and Safety Standards applicable to the type of establishment. It is further agreed that said facilities will be open to inspection by **Waco-McLennan County Public Health District**.

Owner/Foster Name: _____

Facility Name: _____
(if Childcare, Daycare or Group Foster Home)

Type of Establishment:

<input type="checkbox"/> Childcare Center	<input type="checkbox"/> Group Daycare Home
<input type="checkbox"/> Foster Home – Individual	<input type="checkbox"/> Group Foster Home
<input type="checkbox"/> Adoptive Home	<input type="checkbox"/> Other: _____

Physical address: _____
Street City State Zip Code

Mailing/Billing Address: _____
Street City State Zip Code

Telephone: 1) _____ 2) _____

Email: _____

Number of children facility is licensed for: _____

NOTE: IF applicant is other than an individual, complete items below:

1a. Name of Corporation or Firm: _____

1b. Person Responsible: _____ Title: _____

1c. Address: _____ Phone: _____

Upon receipt of this application, fee, and notification by the applicant, the Sanitarian shall make an inspection of the establishment to determine compliance with the provisions of applicable regulations. When inspection reveals that the applicable requirements have been met, approval shall be issued to the applicant. Please make checks payable to "City of Waco". **Permits and fees are non transferable and non refundable.**

Date of Application

Applicant Signature

Applicant Name (Printed)

Permit # _____

Area / Inspector _____