



CHILD CARE - ADULT CARE - FOSTER 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 child/adult care facility or a foster 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**.

Business or Foster Name: _____

Business Owner : _____

Type of Establishment:

<input type="checkbox"/> Child Care Center - With Food Service	<input type="checkbox"/> Foster Home – Individual
<input type="checkbox"/> Child Care Center - No Food Service	<input type="checkbox"/> Group Foster Home
<input type="checkbox"/> Adult Care Center	<input type="checkbox"/> Other _____

Physical address: _____

Street	City	State	Zip Code
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Mailing/Billing Address: _____

Street	City	State	Zip Code
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Telephone: 1) _____ 2) _____

Email: _____

Number of children facility is licensed for: _____

Upon receipt of this application, fee, and notification by the applicant, the Environmental Health Department 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)
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Permit # _____

Area / Inspector _____