

TARRANT COUNTY PUBLIC HEALTH

Environment Health Division 1101 S Main Street, Suite 2300 FT. WORTH, TX 76104-4802 (817) 321-4960

CHILD CARE APPLICATION FOR INSPECTION SERVICES

NEW ESTABLISHMENT □	NEW OWNER □	CHANGE OF ADDRESS □	OTHER	
Establishment Name:				
Establishment Address:(Physical le	ocation)			
City, Zip:		Phone:		
Mailing Address:				
City, State, Zip:				
***PLEASE USE 9 DIGIT ZIF				
Owner(s) Name(s):		Phone		
If Corp., List Principals:				
Corporate Mailing Address:				
City, State, Zip:				
District Office Address:				
Hours/Days of Operation:				
Is it on an individual well? \square yes		On a septic tank? ☐ yes		
Please give a brief description of the	he type of operation:			
Daycare Only □		After School Pro	After School Program	
Signature of Owner \square or Authorize	zed Agent 🗖			
Name of above, Printed				
	—— For Office U	Ise Only		
Daycare Only □	201 0,511000	After School Pr	ogram 🗆	