

**Adult Care / Child Care / Day Care Application**

The Texas Department of Family and Protective Services (TX DFPS) and Texas Department of Aging and Disability (TX DADS) require the annual inspection of adult care / child care and day care centers by a local sanitation officer in accordance with Title 26, Texas Administrative Code.

Northeast Texas Public Health District Order 2013-2 establishes an annual inspection fee for day care centers, child care centers, and other facilities requiring inspection by State Regulatory Agencies that are within NET Health jurisdiction. The fee will cover a (12) month period from the date it is paid. The inspection fee is due at the time of application or renewal. Application must be made at least five (5) working day prior to the pre-operational inspection. The most recent inspection is to be posted visible to the public.

1. **Reason For Request of Service:**

⃞ New License. A pre-operational inspection of new operation for the purpose of licensure.

⃞ Remodel or License Modification. Changes to existing operation for TX DFPS, TX DADS or other state regulated facility compliance.

⃞ Change of Ownership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Type: ⃞ Child Care Center: 7 or more children for no more than 24 hours per day

 ⃞ Day Care Center: 13 or more children ages (infant to 13 years of age)

 ⃞ Group Residential Operation

 ⃞ Day Activity Center: Adult Day Activity Facility

 ⃞ Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Establishment Information:**

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Limits or Unincorporated area of County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select the type of potable water supply.

 ⃞ Public Water Utility. What is the name of utility company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ⃞ Private water well.

Select the type of wastewater system this property has.

 ⃞ Public Sewer System. What is the name of sewer utility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ⃞ Onsite wastewater treatment (septic or aerobic)

 **Does this building have a grease interceptor or grease trap? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If yes, how big is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Where is it located on the property? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Property Owner Information:**

**Name of Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address of Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Business Information (License Holder):**

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Business Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary of State Filing Number where applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID or Non-Profit 501(c)(3) identification number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The applicant needs to attach a copy of the TAX ID or Non-Profit identification number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Governing Body:

⃞ Corporation ⃞ Government Agency

⃞ Partnership ⃞ Non-Profit

⃞ Individual ⃞ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The applicant needs to include an attachment for the type of governing body.
This can be: Certificate of Formation, Articles of Incorporation, Bylaws, or for individuals/partnerships it can be the DBA filed with the county clerk.

1. **Services Offered**

 Snacks: ⃞ Provided\* ⃞ Not Provided

 Meals: ⃞ Prepared\* ⃞ Catered\* ⃞ Not Provided

 ⃞ Pool on Premises\*\* ⃞ Night Care\*\*\* ⃞ Playground ⃞ Before/After School Care

 ⃞ Transportation ⃞ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Services with an asterisk will require an additional permit application with NET Health.

Please contact 903-535-0037 for further review. \* Retail Food Establishment

 \*\* Commercial Pool/Spa/PIWF Establishment

\*\*\* Environmental Health Inspection

The applicant needs to attach a floor plan identifying all rooms and equipment in each room that pertains to services identified in Part 5 of this application and overall sanitation of the facility. This includes all food service equipment, laundry, sinks, cabinetry, pool, etc

1. **Required Documents. The following documents must be submitted to NET Health for completion of the account file.**

⃞ Floor Plan showing all rooms and equipment

⃞ Ownership Documentation. **\*\*** Note: Please attach a formal document delineating all owners and partners of operation for an LLC./Inc. Please attach a copy of the “Assumed Name, DBA” application from the County Clerk’s office for an individual owner. **\*\***

⃞ EIN or 501( c ) 3 document

1. **Licensing Information**

Name of Licensing Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Licensing Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Licensing Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Number of Adults / Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Range of Children: \_\_\_\_\_\_\_\_\_\_\_\_

1. **Applicant Acknowledgement**

I acknowledge receipt of a copy of NETPHD Order 2013-2 establishing the inspection per State Law and Texas Department of Regulatory Services. I understand that failure to comply with provisions described in the NETPHD Order 2013-2 can result in citations for violations and penalties to be assessed in court. I certify that all facts stated in this application are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Print Name Date

1. **Fee for Inspection.** Fee: **$150.00**

Payment Methods Accepted:

* Cash/Money Order
* Check – please make checks payable to: NETPHD
* Credit – Transactions can only be made in office or online: [www.MyNetHealth.org](http://www.MyNetHealth.org)
	+ 3% processing fee is assessed for all credit transactions.

**The required inspection will not be scheduled or conducted until this form and the required fee has been received.**

**OFFICE USE ONLY**

Date received: \_\_\_\_\_\_\_\_\_\_ Annual daycare/childcare permit fee: **$150.00** Method of payment: \_\_\_\_\_\_\_\_\_\_\_\_

Copy of Driver’s License: \_\_\_\_\_ 501(c)(3): \_\_\_\_\_ Federal EIN: \_\_\_\_\_ Ownership: \_\_\_\_\_ District: \_\_\_\_\_\_\_

Location Code: \_\_\_\_\_\_\_\_ Date Issued to Inspector: \_\_\_\_\_\_\_\_\_\_ Floor Plan: \_\_\_\_\_\_