Please attach site plan and certificate of occupancy

City of Rockwall

CHILD CARE CENTER PERMIT APPLICATION

[PLEASE PRINT]

Name of Child Care Center: _____

Address: _____ Rockwall, Texas Zip: _____

Legal Description: _____

Phone Numbers: _____ Email: _____

Current Owner: _____

Address: _____
Number and Street City State Zip

Phone Number: _____ Cell# _____

Drivers License Number: _____ Date of Birth: _____

Manager/Operator: _____

Address: _____
Number and Street City State Zip

Phone Number: _____ Cell# _____

Drivers License Number: _____ Date of Birth: _____

I am applying for a Child Care Permit in the City of Rockwall Texas and I authorize the Rockwall Police Department to check my driving record and criminal history which will be used in determination of permit issuance. By signing below, I acknowledge receipt of a copy of the Child Care Center Ordinance #85-18.

I also understand that the *$100.00 application fee* is non-refundable and it is due at the time the application is submitted.

_____ _____
Signature of Applicant Date

Paid Receipt No.: _____ License Number Issued: _____

By: _____ Date Permit Mailed/Picked Up: _____

Form Revised July 2010