



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: _____

Phone Number: _____

Cell#: _____

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 **\$200.00** application fee is non-refundable and it is due at the time the application is submitted.

Signature of Applicant

Date

Please return completed application, along with **\$200.00** application fee, in person or mail to:

City of Rockwall
c/o NIS Department
385 S Goliad
Rockwall, TX 75087