

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 \$150.00 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 \$150.00 application fee, in person or mail to:
 City of Rockwall
 c/o NIS Department
 385 S Goliad
 Rockwall, TX 75087