



FAMILY AND GROUP CARE HOMES APPLICATION

**PLEASE MAKE BUSINESS CHECKS PAYABLE TO SNHD OR SOUTHERN NEVADA HEALTH DISTRICT
NO PERSONAL CHECKS ACCEPTED**

VISA/MASTERCARD ACCEPTED IF NAME ON CARD MATCHES EXACTLY TO DRIVERS LICENSE

The following information is required to process your application. Incomplete applications not accepted.

Effective date July 1, 2009

Family Care Home (1-6)	Permit Fee \$118.00
Group Care Homes (7-12)	Permit Fee \$239.00
Child Care Centers (13+)	Permit Fee \$354.00

ESTABLISHMENT INFORMATION

Establishment Name: _____

Contact Name: _____ Hours of Operation: _____ # of Employees: _____

LOCATION INFORMATION

Address: _____

Phone#: _____ 2nd Phone # _____ Email Address: _____

OWNER INFORMATION

Owner Name: _____ Owner Address: _____

Phone #: _____ Email: _____ Bill to: Owner _____ Location _____

Owner Type: _____ Approval through Child Care Licensing: Yes _____ No _____

COMPLETE THE BELOW INFORMATION IF OWNER TYPE IS A PARTNERSHIP OR CORPORATION

Name, Title, and Address of Partner or Corporate Officer: _____

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_____ (Initial) Applications that are not approved after 90 days from date of application are subject to denial without an inspection. All permit fees paid are non-refundable.

_____ (Initial) Applicant acknowledges that they can obtain a copy of applicable regulations at: <http://www.southernnevadahealthdistrict.org/childcare/forms.php>

Name (Print): _____ Name (Signature): _____ Date: _____