



**City of Laredo Health Department**  
**ENVIRONMENTAL HEALTH SERVICES DIVISION**

**Estab. No.** \_\_\_\_\_

2600 Cedar, P. O. Box 2337 Laredo, TX 78040-2337 Phone (956) 795-4904



**APPLICATION REQUEST FOR DAY CARE INSPECTION**

All items on this application must be completed. A Special Inspection application fee of \$75 must be paid before the inspection request may be considered. Application approval is based upon compliance with Texas laws and City of Laredo ordinances. The applicant agrees to allow the Environmental Health Inspector to conduct an inspection of the premises without prior notification. The application fee is not refundable. *(Please print or type.)*

**Facility Name:** \_\_\_\_\_ **Facility Phone No.:** \_\_\_\_\_ **Webb County ID: 240**

**Physical Address:**  
 \_\_\_\_\_  
*(Street Address) (Suite No.) (City) (State) (Zip Code)*

**Mailing Address:**  
 \_\_\_\_\_  
*(Street Address) (Suite No.) (City) (State) (Zip Code)*

**Owner/Operator's Name:** \_\_\_\_\_ **eMail:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Mailing Address:**  
 \_\_\_\_\_  
*(Street Address) (Suite No.) (City) (State) (Zip Code)*

**Name of TDPRS Licensing Representative (case worker):** \_\_\_\_\_

<b>Maximum Number of Children/Adults:</b>	<b>Number of Children/Adults Present:</b>
<b>Home Residence (12 or Less):</b>	<b>Non-residential (13 or More):</b>
<input type="checkbox"/> Foster Home	<input type="checkbox"/> Day Care <input type="checkbox"/> Residential Treatment
<input type="checkbox"/> Listed Family Home (3 or fewer)	<input type="checkbox"/> Head Start <input type="checkbox"/> Emergency Shelter
<input type="checkbox"/> Register Child Care Home (6 max)	<input type="checkbox"/> Institution <input type="checkbox"/> Kindergarten/Nursery School
<input type="checkbox"/> Licensed Child Care Home (12 max)	<input type="checkbox"/> Halfway House <input type="checkbox"/> Other _____

The applicant affirms that the information given herein is correct. The applicant agrees to allow the Environmental Health Inspector to conduct an inspection of the premises without prior notification. The applicant agrees to correct all deficiencies identified by the inspector in order to receive approval.

\_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Applicant's Name (Printed/Typed)** \_\_\_\_\_