

Ch	ild Care Applica	tion
Purpose of Application		
New	Change of Ownership	Information Update Only
The Business		
Facility Name:		
Facility Address:		
Unit Info:		
Zip Code:		
City:		
State:		
Sewage System Jurisdiction:		
Water System Jurisdiction:		
City/Public Water		Well Water
If facility is on a well, what is the PWSI	D#?	
The Ownership		
Owner Name:		
Owner Address:		
Type of Ownership (as indicated on yo	ur Colorado Business/Stat	e Sales Tax Registration):
Individual (Sole Proprietor)		Non-Profit
Partnership		Government
Corporation/LLC		Other:
Contact Name:		
Email:		
Phone Number:		

Send invoices and physical license to:  $\Box\,$  Owner address  $\,\Box\,$  Facility address



The Permit													
Permit Nan	ne:												
Facility Pho	one:												
Permit Type													
	_24 Hou	ur Facilit	.y					Reside	nt Camp				
	_ Child C	are Cen	iter/Preso	chool				School	Age Child	Care			
CDHS Numl	ber:												
Licensed Ca	apacity:												
Age of Child	dren in (	Care:											
	_ 5-18 Y	ears				_ 2.5-	18 Years				0-18 Yea	rs	
Child Care 1	Гуре:												
Less th	an 4 Ho	urs of C	are		Greate	er thai	n 4 Hours	S		Greater	than 24	Hours	
Number of	License	d Room	s:										
Diapering C	On-Site?						Will M	1eals P	repared a	nd Serveo	ł?		
Operating I									·				
Year Round	Jan	Feb	Mar	Apr	M	ау	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Operating [	Davs:												
Daily	Mo	n	Tues		Wed		Thurs	5	Fri	Sat	:	Sun	
Operating I	Hours:				1		I		-1	I			

Before	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	After
8AM											5PM

## Other Details (Office/Inspector Use Only):

License Type	Fee	Make checks payable to Douglas County Health Department.
Biennial Inspection	\$190.00	Submit this form and payment to:
Licensed for 5-50 Children	\$215.00	Douglas County Health Department
Licensed for 51-250 Children	\$255.00	410 S. Wilcox Street
Licensed for 251+ Children	\$320.00	Castle Rock, CO 80104