



**GARLAND**  
HEALTH

Physical Address  
1720 Commerce Street  
Garland, TX 75040  
(972) 205-3460  
(972) 205-3505 Fax

**City of Garland**  
Health Department  
P.O. Box 469002  
Garland, TX 75046-9002

**CHILD CARE CENTER PERMIT  
APPLICATION**

**BUSINESS INFORMATION**

OFFICE USE ONLY		
Fee:	_____	
Permit:	_____	
Class:	_____	Area: _____
Issue Date:	_____	
Exp. Date:	_____	
Date Mailed	_____	
<input type="checkbox"/> Renewal	<input type="checkbox"/> Mgr. Chg.	<input type="checkbox"/> New
RECV'D BY/RECEIPT #:		

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
(Street No.) (Street Name)

**Business Address:** \_\_\_\_\_ **Zip** \_\_\_\_\_  
(City) (State)

**Business Phone:** ( ) \_\_\_\_\_ **Total Number of Employees** \_\_\_\_\_

**Corporate Name:** \_\_\_\_\_

**Corporate Mailing Address:** \_\_\_\_\_  
City State Zip

If manager is not business owner, list name(s), address(es), and phone number(s) of owner(s), franchise holder(s), corporate supervisor(s), area manager or other responsible party:

**Where would you like this application to be mailed to next year: Name:** \_\_\_\_\_

**Address: Zip:** \_\_\_\_\_

**MANAGER INFORMATION**

*Corporate representative cannot sign for the local center manager.  
Permits will not be issued with corporate signature.*

**ALL INFORMATION IN THIS SECTION MUST BE COMPLETED. FAILURE TO COMPLY MAY DELAY ISSUANCE/RENEWAL OF PERMIT.**

**Manager's Name:** \_\_\_\_\_

**Manager's Home Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Manager's Home Phone:** \_\_\_\_\_

**Date Manager Was Employed At Present Center:** \_\_\_\_\_

**Texas Driver's License #: Date of Birth:** \_\_\_\_\_

**Race: Sex:** \_\_\_\_\_

**Manager's Normal Weekly Schedule:** \_\_\_\_\_

*I certify that the information provided above is complete, true and accurate to the best of my knowledge. I will also abide by all provisions of the City of Garland Health Code to the best of my ability.*

**Manager's Signature: Date:** \_\_\_\_\_