



Ector County, Texas

DAYCARE CENTERS, CHILD CARE CENTERS & OTHER REQUEST FOR INSPECTION

PLEASE CHECK ONE: Annual Renewal Application For Permit

INSTRUCTIONS: Please complete the below application in detail. A permit application must be submitted for each establishment. Refunds of any fees collected will be reviewed by the Director on a case by case basis and approved under extenuating circumstances. Print or type the requested information. Submit this application (by mail or in person) with the appropriate fee to:

Ector County Health Department
221 N. Texas
Odessa, TX 79761

Part I – Reasons for request of Services:

New License
 Renewal
 Other _____

Part II – Operation Information:

Name of Operation: _____

Address of Operation: _____

Primary Phone Number: _____ Fax Number: _____

Contact Email Address: _____

Hours of Operation: _____

License Type: Child Care Center: 7 or more children for no more than 24 hours per day.
 Day Care Center: 13 or more children ages (infant to 13 years of age)
 Other: _____

Part III – Applicant Information:

Type of Governing Body:

Corporation Government Agency
 Partnership Non-Profit
 Individual Other: _____

Name of Owner: _____

Mailing Address of owner: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Part IV – Service Offered

Snacks Provided Not Provided **Pool on Premises** Transportation
Meals Provided Not Provided **Playground** Other: _____
 Before/after School Care



Ector County, Texas

Licensed Number of Children: _____
Age Range of Children: _____

Current Number Enrolled: _____
Number of Caregivers: _____

Part VII – Fee for Acknowledgment: **Fee: \$150.00**

Payment Method Accepted:

- Cash
- Check Number: _____
- Credit (must be made through treasure)

The applicant hereby acknowledges an understanding of the provisions of the ordinance relative to the payment of fees, expiration date of permit, renewal requirements, permit suspension and review of plans for new construction, remodeling, or conversions.

Signature of Applicant

Date

OFFICE USE ONLY [EAST WEST CENTRAL SOUTH]

Receipt Number _____ Date _____ Permit Issued _____ Establishment Number _____
Reviewed and Approved by _____