

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:

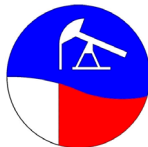
Type of Governing Body:

- ☐ 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



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