



# Application for a Child Care Center

Macon County  
Public Health

Name of Child Care Center \_\_\_\_\_

New \_\_\_\_\_ Existing \_\_\_\_\_

Type of Child Care: \_\_\_\_\_ Small (30 or fewer children) \_\_\_\_\_ Large (30 or more children)

Facility Location Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Proposed Start of Construction Date: \_\_\_\_\_ Proposed Opening Date: \_\_\_\_\_

Owner or Corporate Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing address: \_\_\_\_\_

(if different from location)

Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

(if different from owner)

Number of Staff: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_ Square footage of building: \_\_\_\_\_

Meals served: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Water Supply: City \_\_\_\_\_ On-Site \_\_\_\_\_ Date Drilled \_\_\_\_\_

Sewage Disposal: City \_\_\_\_\_ On-Site \_\_\_\_\_ Existing Grease Trap (y or n) \_\_\_\_\_

If septic system is on-site, NAME of ORIGINAL OWNER and DATE OF INSTALLATION \_\_\_\_\_

I have submitted plans/application to the following:

\_\_\_\_\_ City of Franklin - Date \_\_\_\_\_ Contact Person \_\_\_\_\_

\_\_\_\_\_ City of Highlands - Date \_\_\_\_\_ Contact Person \_\_\_\_\_

\_\_\_\_\_ Building Inspector - Date \_\_\_\_\_ Contact Person \_\_\_\_\_

\_\_\_\_\_ Fire Marshall - Date \_\_\_\_\_ Contact Person \_\_\_\_\_

I hereby certify that the above information is accurate, and understand that any changes must be approved by the Macon Co. Public Health Center. Failure to provide any requested information may delay or prevent issuance of an operating permit.

Applicant's signature and title \_\_\_\_\_ Date \_\_\_\_\_

### FOR ENVIRONMENTAL HEALTH USE ONLY

Application Received: (date) \_\_\_\_\_ (initials) \_\_\_\_\_

Establishment ID Number Assigned: \_\_\_\_\_ Water Sample Results: \_\_\_\_\_

Copy of applicable rules mailed \_\_\_\_\_ or given \_\_\_\_\_ date \_\_\_\_\_

Comment: