



"The Heart of Prevention"

1830 Lakeside Drive • Franklin, NC 28734

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Macon County Health Department **Child Care Center Application**

Name of Facility _____ Phone # _____

Physical Address of Facility _____ City _____ Zip _____

Owner of Facility _____ Phone # _____

Owner Address _____ City _____ State _____ Zip _____

Applicant/Contact Person _____ Phone # _____

Relation to owner (**mark one**): Architect() Owner() Employee() Contractor() Other() _____

Contact Person Address _____ City _____ State _____ Zip _____

FACILITY INFORMATION TO BE COMPLETED BY APPLICANT

Child Care Facility: () New () Existing

Construction type: () New () Remodel Existing Structure. YEAR BUILT: _____ Parcel ID # _____

Sewage Disposal: () Municipal () On Site Wastewater System

Water Supply: () Municipal () Well Date Drilled _____

Meals provided: () Breakfast () Lunch () Dinner

Meal preparation: () Onsite () Offsite/Specify location _____

Utensil use: () Single-service () Multi-use

Proposed operating days and hours: _____

Number of children presently or requesting licensing for: _____

Age of children to be served (**check all that apply**): () 0-1 years () 2-3 years () 4-5 years () 6+ years

BOTH APPLICANT AND DAY CARE OWNER/DIRECTOR MUST SIGN APPLICATION

Applicant NAME & TITLE: _____ Signature _____
(PRINT)

Day Care Owner/Director NAME: _____ Signature _____
(PRINT)

Date _____