

Tillamook County
CHILD CARE LICENSE APPLICATION

Type of Facility: Child Care Center Child Care Home
Application for: New Application New Owner New Construction Remodel

FACILITY INFO

Facility Name: _____
Certifier Name: _____
Physical Address (City, State, Zip): _____
Facility Mailing Address (City, State, Zip): _____
Facility Phone #: _____ Facility Fax #: _____
Proposed Opening Date: _____ Hours of Operation: _____
Age range of children: _____ Max Capacity: _____
Lead Test: Yes No Water Test: Yes No N/A Fenced Yard: Yes No
This facility previously licensed by Tillamook CHC? Yes No
If Yes, Facility's Former Name: _____ Date Closed: _____

OWNER INFO

Owner/Applicant Name: _____
First Name *Last Name*
DBA or C/O: _____
Mailing/Billing Address (City, State, Zip): _____
Phone #: _____ Cell/Alt. Phone #: _____
Fax #: _____ E-Mail: _____
Alternate Contacts: _____
Other Establishments Owned (currently or previously licensed by Tillamook CHC)? Yes No
Facility Name: _____

Child Care Center \$110.00 Child Care Home \$100.00

Application is hereby made to operate the above establishment in compliance with the provisions of Oregon Administrative Rules 414. Payment of \$_____ license fee (**nonrefundable**) is hereby made with the understanding that failure to meet the requirements of the Oregon Administrative Rules 414 requires denial or revocation of the license. **Licenses are nontransferable.** All information provided is a matter of Public record.

Applicant Signature: _____ Date: _____

Mail application & check payable to:
TCCHC Env. Health
PO Box 489
Tillamook, OR 97141

Fee Received by: _____ Fee: _____ Chk #: _____ Date: _____
Office Use Only