

**Tillamook County**  
**CHILD CARE LICENSE APPLICATION**

**Type of Facility:** ☐ Child Care Center ☐ Child Care Home

**Application for:** ☐ New Application ☐ New Owner ☐ Remodel ☐ Update Information

FACILITY / INSPECTION INFO

<b>Trade Name of the Business</b> <i>(name customers will see)</i>		
<b>Business Address</b> <i>(number and street address of the location that will have the license)</i>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone # of the Business Location</b>	<b>Email Contact(s) for this Location</b> <i>(for inspections)</i>	
<b>Certifier Name</b>	<b>Certifier Phone #</b>	
<b>Proposed Opening Date</b>	<b>Hours of Operation</b>	<b>Max Capacity</b>
<b>Age range of children</b>	<b>Fenced Yard:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Lead Test:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Water Test:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Was this Location previously licensed by Tillamook CHC?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If Yes, Location's Former Name</b>	<b>Date Location Closed</b> <i>(or new owner took over)</i>	

OWNER LICENSE / BILLING INFO

<b>Entity</b> <i>(corporation, LLC, etc.) or Individual Applying for License</i>		
<b>License/Billing Contact Name</b> <i>(the person we will contact RE: licensing/billing)</i>		
<b>Billing Address</b> <i>(mailing address of the location that will receive billing and license information)</i>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Primary Phone # of the License/Billing Contact</b>	<b>Alternate Phone # of the License/Billing Contact</b>	
<b>Email for the License/Billing Contact</b>		
<b>Alternate Contact Name</b> <i>(for billing and licensing)</i>		
<b>Primary Phone # of the Alternate Contact</b>	<b>Email for the Alternate Contact</b>	
<b>Other Facilities Owned by Applicant</b> <i>(currently or previously licensed by TCCHC)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If Yes, Name of Other Facility/Facilities</b>		

## ALL FEES ARE NON-REFUNDABLE

### PLEASE CHECK ONE:

☐ 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 Revised Statutes, Chapter 624, and the Administrative Rules of the Department of Human Services pursuant thereto. Payment of designated license fee (**nonrefundable**) is hereby made with the understanding that failure to meet the requirements of the Oregon Revised Statutes, Chapter 624, and the Department of Human Services requires denial or revocation of the license. Applicants must also meet all requirements of local Zoning, Fire, Planning, and Building departments prior to licensure. **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

**OR**

Email or Fax application & pay with  
MasterCard or Visa over the phone:  
[allison.garcia@tillamookcounty.gov](mailto:allison.garcia@tillamookcounty.gov)  
Fax: 503-842-3983  
Phone: 503-842-3943

\*If submitted electronically, application **MUST BE IN PDF  FORMAT** – JPG/other image formats will not be accepted\*