



City of McAllen

Environmental & Health Code Compliance
PO Box 220
McAllen, TX 78501-0220
(956) 681-1900
Fax: (956) 681-1918

Daycare (Home Group) Application

Note: If Commercial Daycare needs Food Establishment Permit.

Permit #: _____

PLEASE PRINT

DATE PAID: _____

ID PROVIDED: _____

BUSINESS NAME: _____

FULL NAME: _____

HOME ADDRESS: _____

HOME CITY/STATE/ZIP CODE: _____

HOME PHONE NO.: _____

EMAIL ADDRESS: _____

New Daycare needs a C.U.P

Renewal of Daycare

PETS IN HOME? _____ IF YES, HOW MANY? _____

(MUST ATTACH COPY OF CURRENT VACCINATION RECORDS PRIOR TO INSPECTION)

BY MAKING APPLICATION FOR HOME INSPECTION, I DO HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

THIS APPLICATION WILL REMAIN IN THE CITY OF MCALLEN HEALTH DEPARTMENT FILES.

For office use only:

Inspection scheduled to inspector: _____ on _____