



Family and Group Care Home Application

Type or print clearly – Incomplete applications will be denied

Approval thru Child Care Licensing? Yes No

Facility Information			
Facility Name:			
Responsible Person (if other than Operator):			
Days and Hours of Operation:		# of Employees:	

Facility Location Information		
Facility Location Address:		
City, State, Zip Code:		
Phone #:	2 nd Phone #:	E-mail Address:

Operator Information	
Operator Name:	
Operator Address:	
City, State, Zip Code:	
Phone #:	
Email Address:	
Bill to:	Facility Location <input type="checkbox"/> Operator Address <input type="checkbox"/>
Operator Type:	Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/>

Complete the following if Operator Type is a Partnership, Corporation, or LLC	
1. Name & Title of Partner or Corp. Officer:	
Address:	
2. Name & Title of Partner or Corp. Officer:	
Address:	
3. Name & Title of Partner or Corp. Officer:	
Address:	

Fees	
Make Business Check, Cashier's Check or Money Order payable to: SNHD Personal Checks NOT accepted. <u>ALL PERMIT FEES ARE NONREFUNDABLE – NO EXCEPTIONS.</u>	
Family Care Home (1-6 children)	\$118.00
Group Care Home (7-12 children)	\$239.00

<input type="checkbox"/> Applicant acknowledges receipt of a copy of the applicable regulations	Initial _____
<input type="checkbox"/> Applicant declined copy of applicable regulations in lieu of electronic copy at: http://www.southernnevadahealthdistrict.org	Initial _____

Print Name and Job Title:	
Signature:	Date:

Mail application and payment to:
SNHD EH Rancho - Special Programs, P.O. Box 3902, Las Vegas, NV 89127
Phone (702) 759-0677 ▶ Fax (702) 759-1486