



EAST SHORE DISTRICT HEALTH DEPARTMENT

DAYCARE INSPECTION APPLICATION

Application Fee \$100.00

OWNERS

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

DAYCARE

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

Day & Hours of Operation _____

1. Will food be prepared by daycare staff? _____ If no, go to question #6.

2. Attach food menu to application

3. Source of food: _____

4. Names of individuals preparing food: _____

5. Number of certified food handlers: _____

6. Water Supply: _____ Private Well _____ Public Water

7. Sewage Disposal: _____ Septic System _____ Public Sewers

**Building, Zoning, and Fire Officials must be contacted for approvals prior to licensing.*

I CERTIFY THAT I AM THE INDIVIDUAL OR ORGANIZATION REPRESENTATIVE CHARGED WITH THE RESPONSIBILITY FOR THIS DAYCARE.

SIGNATURE

DATE