Fee: \$150 Must be made payable to HVHD



## Housatonic Valley Health District Licensing Application for Daycare Facility

Name of Facility:					
Location of Facility:		Town:			
Operator of Facility:		Facility Phone:_			
Name of Applicant:			□ Owner	☐ Director	
Applicant Address:					
	Address	Town	State	Zip Code	
Phone Number of Applicant: _			Fax:		
Email Address of Applicant: _					
Day Care License #:		Lice	nse Expiratio	n:	
Approval Requested For:	<ul><li>☐ Initial Facility Approval</li><li>☐ Expansion/Renovation</li></ul>		☐ License renewal☐ Reinspection		
Type of Program(s):	Capacity	Hours of Operation	on:		
☐ Under three years		Sunday			
☐ Pre-school (3-5 yrs.)		Monday			
☐ School Age		Tuesday		· · · · · · · · · · · · · · · · · · ·	
☐ Night Care		Wednesday			
☐ On Site Kindergarten		Thursday			
☐ Adult Care Facility		Friday			
Total Licensed Capacity:		0.4			

Building:	☐ Pre 1978 (☐ Post 1978	Construction Construction	Sewage Disposal:	<ul><li>☐ Public Sev</li><li>☐ Septic Sys</li></ul>		
		ection is required fo and available for re		nstructed prior to 1	1978. Docum	nentation of inspection
Water Supply:	☐ Private	Water ( <i>Must submi</i> e Well ( <i>Must submi</i> Serves 25 or more Serves less than 2	t copy of pote persons over	able water analysis	s & lead ana	lysis with application
Cooking on Premises:	□ Yes □ No		S	nacks Served:	□ Yes □ No	
Signature of A	pplicant:				Date:	
		FC	OR DISTRIC	T USE ONLY:		
☐ Credit Car	d	Date Paid		\$ Amount	_	Rec'd by