



# 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 #: \_\_\_\_\_ License Expiration: \_\_\_\_\_

**Approval Requested For:**  Initial Facility Approval  License renewal  
 Expansion/Renovation  Reinspection

Type of Program(s):	Capacity	Hours of Operation:
<input type="checkbox"/> Under three years	_____	Sunday _____
<input type="checkbox"/> Pre-school (3-5 yrs.)	_____	Monday _____
<input type="checkbox"/> School Age	_____	Tuesday _____
<input type="checkbox"/> Night Care	_____	Wednesday _____
<input type="checkbox"/> On Site Kindergarten	_____	Thursday _____
<input type="checkbox"/> Adult Care Facility	_____	Friday _____
Total Licensed Capacity:	_____	Saturday _____

