



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: _____
LAST NAME: _____	
FIRST NAME AND INTL: _____	
HOME ADDRESS: _____	
HOME CITY/STATE/ZIP CODE: _____	
HOME PHONE NO.: _____	
EMAIL ADDRESS: _____	
<input type="checkbox"/> New Daycare needs a C.U.P	<input type="checkbox"/> 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 _____