

APPLICATION FOR KITCHEN/FACILITY INSPECTION
(Aplicación para inspección de cocina)

A \$60 Fee for inspection must accompany this application.

- Type of Program ___ State Licensed - Certificate
 ___ Group Home with less than 12 occupants
 ___ Licensed Exempt - Family Daycare

Name of Applicant/Business _____
(Nombre del solicitante)

Home/Facility Address _____
(Dirección)

City _____ Zip Code _____ Phone # _____
(Ciudad) (Telefono)

Email _____

(for office use only) (solamente para la oficina)

Referred to: _____ *(Health Dept. Inspector)*

Permit Number: _____ Date of Inspection: ____/____/____

Amount Paid \$ _____
Payment Date _____
Cash Check Credit/Debit
Received By _____