



Public Health
Prevent. Promote. Protect.
Fargo Cass Public Health

FARGO CASS PUBLIC HEALTH

1240 25th Street South
Fargo, North Dakota 58103
(701) 476-6729

CHILD CARE FACILITY LICENSE APPLICATION

NAME OF ESTABLISHMENT _____

ESTABLISHMENT ADDRESS _____

OWNER/OPERATOR _____

MAILING ADDRESS _____

PHONE NUMBER _____ Email _____

Child Care Facility\$75.00

Blue Print Review\$150.00

Fee must be paid prior to January 1st of each year and are effective through December 31st.

The undersigned is familiar with the "Requirements for Child Care Facilities" and further attests that the facility for which application is made will be operated in compliance with the City ordinances and the above-mentioned document.

Date _____ Signature _____

(Please do not write below this line)

The foregoing application is hereby approved and it is recommended that a license be issued, subject to the following provisions:

Approved by _____ Date _____
(EHP or REHS)