

Permit # _____
Date Issued _____
Date Mailed _____



Receipt # _____
Date Paid _____
Date Expires _____

Phone: (806) 378-9472
Fax: (806) 378-3585

TDD: (806)378-4229
ehealth@amarillo.gov

Amarillo Area Public Health District

Application for a Permit to Operate a Group Care Center

Application Type: New Facility Change of Owner

Name of Facility: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Facility Contact Information: Phone: _____ Email: _____

Name of Owner or Corporation: _____ Attention: _____

Owner's Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner's Contact: Phone: _____ Fax: _____ Email: _____

Where does the permit need to be mailed? Facility Owner/Corporation

How many children will be enrolled in this facility: _____

Sewer Service City Sewer On-Site Sewage Facility

Water Supply City Water Private/Public Well (A water sample must be conducted before inspection)

Permit Fees: Please see current FY fee schedule

Applicant's signature _____

Hours of Operation: _____

Mail Application and Permit Fee To
Environmental Health Department
PO Box 1971
Amarillo, TX 79105-1971

Physical Address
Environmental Health Department
808 S. Buchanan
Amarillo, TX 79101