



333 N RANCHO DR, STE 450, LAS VEGAS, NV 89106
 (702) 759-0677 | WWW.SNHD.INFO | SpecialPrograms@snhd.org

Family and Group Home Care Application

Applied for Child Care License with Department of Public and Behavioral Health? Yes No

Home Care Type (Required): Family Care Home (1-6 children) Group Care Home (7-12 children)

OWNER INFORMATION

Ownership Type: Sole Proprietorship Partnership Corporation LLC

Owner Name: _____ Corporation or LLC Name: _____

Mailing Address: _____ Suite/Apt: _____

City: _____ State: _____ ZIP Code: _____

Owner Phone: _____ Alternate Phone: _____ Owner E-Mail: _____

FACILITY INFORMATION

Facility Name (DBA): _____

Physical Address: **Same as above**

City: _____ State: _____ ZIP Code: _____

Business Phone: _____ Business E-Mail: _____

Health Permit and Invoices should be mailed to: Owner's Address Business Address

Applicant acknowledges reviewing applicable childcare regulations at <http://www.southernnevadahealthdistrict.org>: _____

Initials: _____

Print Name: _____ Title: _____

Signature _____ Date: _____

APPLICATION SUBMITTAL AND FEES

Family Care Home (1-6 children) \$118.00 Group Care Home (7-12 children) \$239.00

Email completed application to:
SpecialPrograms@snhd.org
 An invoice will be created and emailed to you for payment online at <https://www.southernnevadahealthdistrict.org/>
 OR
 Mail completed application and payment to:
SNHD EH Rancho - Special Programs, P.O. Box 3902, Las Vegas, NV 89127
 Business Check (imprinted with business name and address - no starter checks), Cashier's Check, or Money Order
 Personal Checks NOT accepted.
 Make Payable to: SNHD

ALL PERMIT FEES ARE NONREFUNDABLE – NO EXCEPTIONS