



(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

Email completed application to:
SpecialPrograms@snhd.org

An invoice will be created and emailed to you for payment online at <https://www.southernnevadahealthdistrict.org/>

Payments can be made by debit, credit or e-check method.

ALL PERMIT FEES ARE NONREFUNDABLE – NO EXCEPTIONS