



City of Rockwall  
**CHILD CARE CENTER PERMIT APPLICATION**  
[PLEASE PRINT]

Name of Child Care Center: \_\_\_\_\_

Address: \_\_\_\_\_ Rockwall, Texas Zip: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Invoicing Email: \_\_\_\_\_

Current Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip

Phone Number: \_\_\_\_\_ Cell#: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Manager/Operator: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip Phone

Number: \_\_\_\_\_ Cell#: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am applying for a Child Care Permit in the City of Rockwall Texas and I authorize the Rockwall Police Department to check my driving record and criminal history which will be used in determination of permit issuance. By signing below, I acknowledge receipt of a copy of the Child Care Center Ordinance #85-18.

I also understand that the \$300.00 application fee is non-refundable and it is due at the time the application is submitted.

\_\_\_\_\_  
Signature of Applicant Date

Please return completed application, along with \$ 300.00 fee, in person or mail to:

City of Rockwall  
c/o NIS Dept  
385 S Goliad  
Rockwall, TX 75087