Date Rec.	
Amount \$	
Receipt #	
Clerk	

COOS HEALTH & WELLNESS ENVIRONMENTAL HEALTH DIVISION

CCD License

(501(c) 3)____ CD Notified (New Ctrs)

Please fill out the following form so we may

281 LaClair St. ◊ Coos Bay, OR 97420 ◊ 541-266-6720

better serve you! For Office Use Only

For Office Use Only

	Child Care Inspe	ction	Request	
Name of Child Care Facility:				
Mailing Address:		City	State	_Zip
Address of Facility:		City	State	_Zip
Email Address:				
Contact Person:	Daytime Phone: () _		Other Phone: ()
Supervising Operator(s) with I	Food Handler Card (Required):			
License Type:	_Licensed Enrollment:	License	d Age Group Served	to
Hours of Operation: FROM: _	TO:M T W TH	I F Sa S Circle all		
Animals at Facility	□ Yes If Yes what kind?			
	when the inspection is conducted e provide us with at least two po			
Day of the Week	At		AM or PM	
Day of the Week	At		AM or PM	
	FEE SCHE	DULE		
Any facility (17 or more)	Center, then inspection fee is \$245)	Insp	pection Fee	\$ 245.00
Applicable when an operator wan	Child Care Center ts to license a new site with the Child 300-0000 is planning significant kitch	Care Divisi	ion as per OAR 414-30	
	Fees are <u>non re</u>	fundable		
Fees	are to be paid in advance before	you can i	request an inspectio	n
Pay o	on-line at: <u>https://cooshealthandv</u> Or	wellness.c	org/online-payment	<u>s/</u>
	Please make checks payable to	Coos Hea	ulth & Wellness	