

**WESTPORT WESTON HEALTH DISTRICT**

180 Bayberry Lane, Westport, CT 06880-2855

Telephone: (203) 227-9571

**APPLICATION  
FOR INSPECTION OF  
CHILD DAYCARE FACILITY  
FOR  
STATE LICENSURE**

**Fee: \$100.00  
Fee is Non-Refundable**

Date of Application: \_\_\_\_\_

Day Care Center Name: \_\_\_\_\_

Address: \_\_\_\_\_  Westport  Weston

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant *(Type or Print)*

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

**Health District Use Only**

Comments:  
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Approved by:

\_\_\_\_\_  
Sanitarian

\_\_\_\_\_  
Date