



Environmental Health  
 1625 13<sup>th</sup> St. Room 105 Lubbock, TX 79401  
 806 775 2928 FAX 806 775 3281  
**FOSTER CARE / GROUP HOME APPLICATION**

DATE: \_\_\_\_\_

**\*\*IN ORDER FOR PERMIT TO BE PROCESSED, A COMPLETED AND SIGNED APPLICATION MUST ACCOMPANY PERMIT FEE\*\***

**LICENSEE**

Name:
Address:
City/State/Zip:
Owner Phone:
Secondary Contact, Person and Phone #:
Owner email:

**TYPE OF PERMIT: (Please check which one applies to your facility)**

- Foster Care (\$50.00) **100.6433**
- Group Home (\$100.00) **100.6434**

TOTAL AMOUNT DUE: \_\_\_\_\_

**PAYMENT METHOD**

- Check # \_\_\_\_\_
- Cash
- M/C
- Visa
- Money Order # \_\_\_\_\_

**NOTE: Permits expire yearly; Failure to renew your permit by the expiration date could result in legal action and a late payment penalty of \$50.00 or \$100.00. Even if invoice is not received, it is your responsibility to pay your bill in a timely manner. Invoices are mailed to the address given by the applicant. If your address changes you must notify our office immediately. Even if you do not receive an invoice, you are responsible for submitting payment on time.**  
**I, undersigned, certify that to the best of my knowledge the above information is correct and I agree to comply with the ordinances, rules and regulations of the City of Lubbock, governing the type of business as indicated above.**

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_