

Application for License Inspection

Fire Marshal's Office 203 Commerce Blvd Round Rock, TX 78664 (512) 218-6628 Fax (512) 218-5594

Date: _____



Return Application and Fees to:	Check Type of Care Facility Residential	
Round Rock Fire Department Fire Marshal's Office	□ Foster/ Adoptive Care -\$50/Re-Inspect \$25	
203 Commerce Blvd.	□ Day Care -\$50.00/Re-Inspect \$25	
Round Rock, TX 78664	Commercial	
	□ Day Care- \$50.00/Re-Inspect \$25	
	□ Hospital \$50 +\$1.00 per bed/Re-Inspect \$25 # of Beds:	
	□ Nursing Home \$50 +\$1.00 per bed/Re-Inspect\$25	
	# of Beds:	
	☐ Assisted Living \$50 +\$1.00 per bed/Re-Inspect \$25 # of Beds:	5
Applicant Nama/Business Name		
		_
	Zip Code:	-
Phone #:	Fax #:	-
Acknowledgment:	recomposible growth in change on a duly outhorized representative of th	o fo cilitar
	responsible party in charge or a duly authorized representative of th I also understand that I/(business)	•
	and Rock, State and Federal laws. All of the information in this appl	
•	eted application for a license inspection is not considered a complete	
nor is a conditional license for a completed inspection	on. The completed application and fees will be turned in prior to the	e inspection. I
also understand that this application is only for a lice	ense inspection from the Round Rock Fire Department and not inc	lusive of other
inspections that may be needed.		
Signature:	Date:	
D0	O NOT WRITE BELOW THIS LINE	
OFFICE	OF THE FIRE MARSHAL – LICENSE INSPECTION	
License Fee: Chec	ck #:	
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