

Application for License Inspection

Fire Marshal's Office 203 Commerce Blvd Round Rock, TX 78664 (512) 218-6632 Fax (512) 218-5594

Date: _____



Return Application and Fees to:

Return Application and Fees to:	Check Type of Care Facility	
Round Rock Fire Department Fire Marshal's office	Residential □ 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:	
Applicant Name/Business Name:		
City:	Zip Code:	
Phone #:	Fax #:	
Acknowledgment:		
By my signature, I am acknowledging that I am	the responsible party in charge or a duly authorized representative of the facility	у
requesting the application for a license application	on. I also understand that I/(business) mus	st abide
by all of the rules and ordinances of the City of	Round Rock, State and Federal laws. All of the information in this application is	is true
and correct by the best of my knowledge. A corr	mpleted application for a license inspection is not considered a completed inspec	ction,
nor is a conditional license for a completed insp	section. The completed application and fees will be turned in prior to the inspec	ction. I
also understand that this application is only for	a license inspection from the Round Rock Fire Department and not inclusive o	f other
inspections that may be needed.		
Signature:	Date:	
	DO NOT WRITE BELOW THIS LINE	
OFF	ICE OF THE FIRE MARSHAL – LICENSE INSPECTION	
License Fee:	Check #:	