



## **Rockingham County Department of Health and Human Services**

Environmental Health Section  
371 NC HWY 65 ~ P.O. Box 204  
Wentworth, NC 27375 – 0204  
Phone (336) 342-8180  
Fax (336) 342-8245

### **Application for a Residential Care Establishment Application**

Name of Establishment: \_\_\_\_\_

Licensee Name : \_\_\_\_\_ Licensee Phone: \_\_\_\_\_

Physical Address of Establishment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Manager/Person in Charge: \_\_\_\_\_

Mailing Address for Establishment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Wastewater System:    \_\_\_\_\_ Municipal/Community            \_\_\_\_\_ On-Site Septic System

Water Supply:            \_\_\_\_\_ Municipal/Community            \_\_\_\_\_ Well (On-Site System)

Number of Beds: \_\_\_\_\_ Projected Opening Date: \_\_\_\_\_

**Please submit this application at least 30 calendar days prior to the projected opening date.**

**I attest to the accuracy of the information provided in this application.**

Printed Name of Licensee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_