



FIRE PREVENTION DIVISION OFFICE LICENSE APPLICATION

Return Application and Fees to:

Sam Bass Fire Department
Fire Prevention Office
16248 Great Oaks
Round Rock, Tx 78681
512-255-0100 (O)
512-255-1288 (F)

Check type of permit requested

- Day Care \$50.00
- Foster / Adoptive Care \$50.00
- Hospital \$50.00 + \$1.00 per bed
- Nursing / Assisted Home / Living \$50.00 + \$1.00 per bed

Applicant Name: _____ (print)

Company Name: _____

Com/Apl. Address: _____

Email: _____

Responsible Managing – Employee Name: _____

Applicant/Occupy Lic# or Tx DL #: _____ Date of Birth: _____

Phone (Work): _____

Job/site Address: _____

Total number of beds if applicable: _____

By my signature, I am acknowledging that I am the responsible party in charge or duly authorized representative of the permittee. I also understand that I/Company must abide by all of the rules and codes of the Sam Bass Fire Dept. / Wilco ESD #2, State and Federal laws. All of the information listed in this application is complete and true. I understand that at any time conditions are unsafe or not in compliance with the listed conditions or conditions on-site become unsafe, that any permit, if issued, can be revoked by Sam Bass Fire Dept. / Wilco Ed #2. A complete application is not a permit, nor is it conditional that a permit be issued. All fees shall be paid prior to the work and in full. I/company shall maintain our own insurance and coverage assuming all liabilities potential and unknown. I also understand that this application is not inclusive and other permits may be required by other department and entities.

Signature: _____ Date: _____

Do not write below this line

OFFICE OF THE FIRE MARSHAL'S OFFICE

License Fee: _____ Date Paid: _____ Check# _____

By: _____ Date: _____

All fees paid are non-refundable