



CITY OF NEWBURYPORT HEALTH DEPARTMENT

FRANK P. GIACALONE, R.S.
DIRECTOR OF PUBLIC HEALTH

NEWBURYPORT CITY HALL
TEL: 978-465-4410

60 PLEASANT STREET

NEWBURYPORT, MA 01950
FAX: 978-465-9958

FGIACALONE@CITYOFNEWBURYPORT.COM

WWW.CITYOFNEWBURYPORT.COM

APPLICATION FOR A PERMIT TO OPERATE A DAY CARE CENTER

Name of Establishment: _____

Address of Establishment: _____

Email Address: _____

Phone Number of Establishment: _____

Name & Title of Applicant: _____

Address of Applicant: _____

Name of Owner (if different from Applicant):

Name Title Home Address

If Corporation or Partnership, give name, title and home address of officers or partners:

Name Title Home Address

Emergency Response Person: _____

Name Cell or Home Phone Number

Printed Name of Applicant

Signature of Applicant

Date

We accept cash or checks (made payable to "City of Newburyport".) Please bring or mail your check along with the application to Newburyport City Hall, 60 Pleasant Street, Newburyport, MA 01950.