

Environmental Health Division

Ministry of Health and Social Development
Government of the Virgin Islands



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APPLICATION FOR LICENCE TO OPERATE A PRESCHOOL/DAYCARE

Date of Application: _____

Name of Applicant		Name of Owner/Proprietor	
Residential Address			
Telephone No. (L) (C)		Email Address:	
Name of preschool/daycare			
Address of preschool/daycare			
Number of children to be accommodated <input type="checkbox"/> 1 – 9 <input type="checkbox"/> 10 – 19 <input type="checkbox"/> 20 - 30 <input type="checkbox"/> >30			
If more than 30, please specify:			
Times of operation		Number of Employees:	Health Certificate No. valid _____ No. invalid _____
Type of trade licence sought: <i>(please attach copies for verification when submitting form)</i>			

Signature of applicant: _____

FOR OFFICE USE ONLY

Date application received:		By:	
Trade licence #:		Expiry Date:	
Date of inspection of facility:	Checked by:		Inspected by:
Permission Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No		If refused, reason(s) for refusal	