



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) 342-8130
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: _____