Group State License Day Care Registration

Name & Address of Property Owner: 

Name of Occupant: 

Name & Address of Day Care Licensee: 

State License Number: _____________________

Number of children licensed for:___________

Number of employees required for child to caregiver ratio:___________

Fence height and fabric:______________________________

Phone Number ___________________________

_________________________  ___________________________
Signature  Print Name and Title

Date: ____________________

Notary Public Signature, _________ County
My commission expires: _____________

Registration required by December 1st of every year

Fee  $15.00

ATTACH STATE LICENSE TO APPLICATION

OFFICE USE ONLY:

Location Criteria:
Is facility located more than 1500 feet of:
1. An adult foster care, a small or large group home  Y  N
2. Facility for substance abuse treatment  Y  N
3. Community correction facility  Y  N

Is group day care located more than 750 feet of any other licensed group day care in existence on date for special exemption approval submitted?  Y  N

ZONING BOARD OF APPEALS APPROVAL DATE _____________