

CITY OF WARREN

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
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ZONING BOARD OF APPEALS APPROVAL DATE _____