



CHILD CARE FIRE INSPECTION APPLICATION

Application Fee: \$20.00

Receipt: _____

- Family (1 – 5) Group (6 – 12) Center (13+)
- New Renew – Current Child Care Facility License Expires _____

I hereby apply for a Fire Inspection to be conducted by the City of Idaho Falls Fire Department, at the following Child Care Facility:

Business Name: _____

Business Address: _____

Applicant's Name: _____ Telephone No.: _____

The purpose of this inspection is to determine if the above facility complies with the minimum fire safety standards as set forth in Idaho Code, Sections 39-1109 and 39-1114, and Title 6, Chapter 3, of the City Code for Idaho Falls, Idaho.

Signature of Applicant

Date