



City ID No.: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

**CHILD CARE FACILITY LICENSE APPLICATION**

- Family Child Care (1 – 5 Children)
- Group Child Care (6 – 12 Children)
- Child Care Center (13 or more Children)

<b>Fees:</b>	<b>Type of Facility:</b>	For office use only:
\$ 75.00 . . . . .	Family Child Care (1 – 5 Children)	Health _____
\$150.00 . . . . .	Group Child Care (6 – 12 Children)	Fire _____
\$225.00 . . . . .	Child Care Center (13 or more Children)	P&B _____
\$ 65.00/Each . . .	Fingerprints (\$45.00)/Application Fee (\$20.00):	Insurance _____
	Number of Owners/Directors: _____	
	Number of Child Care Workers _____	
	Number of On-Site Non-Providers _____	
	<b>TOTAL FEES DUE</b>	

**BACKGROUND CHECKS WILL BE DONE ON EACH RESIDENT OF THE HOME TWELVE (12) YEARS OF AGE AND OLDER.**

APPLICANT NAME: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

CO-APPLICANT/  
CO/OWNER: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

FACILITY TELEPHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Number of Staff: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

LIST ALL PERSONS LIVING AT FACILITY:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Do you hereby authorize the City of Idaho Falls, its agents and employees to seek information and conduct an investigation into the truth of the information set forth in this application and in your qualifications:  Yes  No

Receipt No. \_\_\_\_\_



**DOCUMENTS TO BE DELIVERED AT TIME OF APPLICATION:**

- 1- A list of all owners of the Child Care Facility and their current mailing and street addresses for their place of residence.
- 2- A list of all Child Care Workers employed by the applicant and who are anticipated to provide child care at the facility, their mailing addresses and a copy of a current Child Care Worker's certification issued by the City for each worker included on such list.
- 3- A list of all On-Site Non-Providers who will have any contact with the children at the facility.
- 4- A certificate or letter signed by the Chief of Police or his designee certifying that a criminal background investigation has been completed within two (2) years previous to such application for the following persons:
  - a. All owners who will have regular contact with children;
  - b. All residents twelve (12) years of age and older at the facility;
  - c. Any spouse or significant other of an Owner; and,
  - d. All residents 12-17 years of age must have a Juvenile Justice Search.
- 5- A certificate issued by the EIPHD (Eastern Idaho Public Health District) issued within ninety (90) days previous and certifying that the Facility meets the requirements of Idaho Code Section 39-1110.
- 6- A certificate issued by the Fire Marshall certifying that the Child Care Facility has been inspected and meets the requirements of the International Fire Code, as adopted by the City, as well as Idaho Code Section 39-1109, and Idaho Administrative Code Section 18.01.55.
- 7- A certificate issued by the Director of Community Development Services Department certifying that the Child Care Facility has been inspected and that it meets the provisions of the International Building Code and other applicable health and safety codes of the City.
- 8- A certificate issued by the Director of Community Development Services Department certifying that the Child Care Facility is a permitted use within the zone in which the facility is located.
- 9- Proof of liability insurance for child care.