

HOME OCCUPATION CHILDCARE PERMIT APPLICATION

		APPLI	CANT INFORM	MATION				
Name of Busin	ess:			Email:				
Owner's Name	:	Business Phone:						
Street Address	:			City: _				
State:	_ Zip Code:	Phone Number:			Birt	Birthdate:		
Social Security	Number:	· -	Proposed	Number of Childr	en in Atte	ndance:		
	PLEASE CIRCLE	ONE – IF YES, PLE	EASE EXPLAIN	N IN DETAIL ON A	SEPARA	TE SHEE	T	
1. H	Have you ever had a lic	ense to conduct bus	iness that was	denied or revoked?	YES	NO		
2. H	Have you ever been cor	nvicted of a felony o	of a felony or misdemeanor?			NO		
3. Have you ever been placed on the Child Protection Registry?					YES	NO		
	1	PLEASE PROVIDE	THE FOLLOW	ING INFORMATI	ON			
1. Names of	persons eighteen (18)	years of age or olde	er residing at res	sidence:				
2. Names of	minors between the a	ges of thirteen (13)	and seventeen	(17) residing at resi	dence:			
		FEES PAID	TO THE CITY	OF AMMON				
Home Occupation	on Childcare License - F	ifty Dollars (\$50)	Fire Inspec	tion Fee – Forty Do	lars (\$40)			
BY SIGNING BE	LOW, THE APPLICAN	IT AGREES: To pay	the Home Oc	cupation Childcar	e fees of \$	\$90.		
	T AFFIRMS THAT: Th d that providing false							
Applicant's Sig	nature:			Г	Date:			