



2135 South Ammon Road, Ammon, Idaho 83406

## **HELPFUL INFORMATION FOR PROCESSING YOUR APPLICATION**

**The following information will be required prior to processing of your new child care license:**

1. A copy of your current infant/child CPR and first aid certificate.
2. Fingerprints for required background checks. (Your information for fingerprinting of all persons over the age of 18 will be provided to you at the time you make payment for your application. This information will need to be returned after the fingerprinting is completed by Bonneville County).
3. Idaho Department of Health and Welfare consent to release form

If you have questions please don't hesitate to call the City of Ammon office at 612-4011.

**City of Ammon**  
**CHILD CARE/PRESCHOOL**  
**Worker/Non-Provider Permit Application**

2135 S. Ammon Road, Ammon, ID 83406  
 PH. (208)612-4000 FAX (208)612-4009  
 Website - www.ci.ammon.id.us

**FOR OFFICE USE ONLY**

**NEW APPLICATION**

Permit Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Education Certificate \_\_\_\_\_

Clerk \_\_\_\_\_ Date \_\_\_\_\_

P&Z \_\_\_\_\_ Date \_\_\_\_\_

**TYPE OF LICENSE**

**Please Check Below.**

Child Daycare Worker License

Child Daycare Non-Provider License

**FEE AMOUNT**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**APPLICANT INFORMATION**

**PLEASE PRINT OR TYPE**

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

Home Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex M F (circle one)

NAME of Business or Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

**PLEASE CIRCLE ONE - IF YES, EXPLAIN IN DETAIL ON A SEPARATE SHEET:**

- |   |               |
|---|---------------|
| 1. Has applicant ever had a license to conduct the business herein described denied or revoked? | <b>YES NO</b> |
| 2. Has the applicant ever been convicted of a felony?   | <b>YES NO</b> |
| 3. Has applicant ever been placed on the Child Protection Registry?                             | <b>YES NO</b> |

BY SIGNING BELOW THE APPLICANT AFFIRMS THAT: The statements and answers included in this license application are true as they relate to this application. I also understand that providing false information, is punishable by the laws and penalties set forth by the City of Ammon. I understand and agree that a background check, including a fingerprint-based nationwide criminal history background check shall be done prior to the issuance of the license currently being applied for. By signing below I authorize said background checks to be performed and for the results of that background check to be used in the determination of my eligibility for a license in the City of Ammon. I also understand that a copy of my approved license or letter of denial shall be provided to my employer (if applicable).

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_