



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. Determine the type of child care license that applies to your application from the Title 6, Chapter 3 information enclosed in the child care packet.
2. A copy of your current infant/child CPR and first aid certificate.
3. Authorization release for background checks on ALL minors from 12 to 18
4. 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).
5. A copy of your health department inspection.
6. 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**  
**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 \_\_\_\_\_  
 Building \_\_\_\_\_ Date \_\_\_\_\_  
 Clerk \_\_\_\_\_ Date \_\_\_\_\_  
 Fire \_\_\_\_\_ Date \_\_\_\_\_  
 Planning \_\_\_\_\_ Date \_\_\_\_\_

**TYPE OF LICENSE**

**Check all that apply.**

- Type 1 - Child Daycare Center (13 or more children)
- Type 2\* - Group Child Daycare Facility (six (6) to twelve (12) children.
- Type 3\* - Family Child Daycare Facility (One (1) to five (5) children.
- Child Daycare Operator License
- Home Occupation License\*
- General Business License

**FEE AMOUNT**

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

**\* Child care Home Occupation Additional Requirements Applicable. (please request separate packet)**

**APPLICANT INFORMATION**

**PLEASE PRINT OR TYPE**

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Proposed number of children in attendance \_\_\_\_\_ Email: \_\_\_\_\_

**PROVIDE THE FOLLOWING INFORMATION IF THIS IS A HOME OCCUPATION**

1. Number of persons eighteen (18) years of age or more residing in residence \_\_\_\_\_.
2. Number of children between the ages of twelve (12) and eighteen (18) \_\_\_\_\_.

**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</b> | <b>NO</b> |
| 2. Has the applicant ever been convicted of a felony OR misdemeanor?                            | <b>YES</b> | <b>NO</b> |
| 3. Has applicant ever been placed on the Child Protection Registry?                             | <b>YES</b> | <b>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 \_\_\_\_\_