



WHERE TOMORROW BEGINS
 2135 S Ammon Road, Ammon, ID 83406
 Phone: (208)612-4000 Fax: (208)612-4009
 www.cityofammon.us

HOME OCCUPATION CHILDCARE PERMIT APPLICATION

FOR OFFICE USE ONLY:	
Permit #:	_____
Fire:	_____ Date: _____
Building:	_____ Date: _____
P&Z:	_____ Date: _____
Public Works:	_____ Date: _____
Clerk:	_____ Date: _____

APPLICANT INFORMATION

Name of Business: _____ Email: _____

Owner's Name: _____ Business Phone: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____ Birthdate: _____

Social Security Number: _____ - _____ - _____ Proposed Number of Children in Attendance: _____

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

- | | | |
|--|------------|-----------|
| 1. Have you ever had a license to conduct business that was denied or revoked? | YES | NO |
| 2. Have you ever been convicted of a felony or misdemeanor? | YES | NO |
| 3. Have you ever been placed on the Child Protection Registry? | YES | NO |

PLEASE PROVIDE THE FOLLOWING INFORMATION

1. Names of persons eighteen (18) years of age or older residing at residence:

2. Names of minors between the ages of thirteen (13) and seventeen (17) residing at residence:

FEES PAID TO THE CITY OF AMMON

Home Occupation Childcare License - Fifty Dollars (\$50)	Investigation Fee (18 years or older) - Fifty Dollars (\$50) each
Fire Inspection Fee – Forty Dollars (\$40)	Investigation Fee Minor (13-17 years) - Fifteen Dollars (\$15) each
Childcare Worker Fee - Forty Dollars (\$40)	IDHW Registry Check - Thirty Dollars (\$30) per individual

BY SIGNING BELOW, THE APPLICANT AGREES: To pay the Home Occupation Childcare fees of \$_____.

THE APPLICANT AFFIRMS THAT: The statements and answers included in this license application are honest and true. 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 shall be done prior to the issuance of the license currently being applied for and that said background checks may take up to fourteen (14) business days.

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.

Applicant's Signature: _____ Date: _____