

City of Coeur d'Alene Municipal Services Department 710 Mullan Avenue Coeur d'Alene, Idaho 83814 (208) 769-2229 kathylew@cdaid.org

(Office Use Only) Amount Paid	
Receipt #	
Date	
License # Date Temporary Issued Date Perm Lic Issued	by

Childcare Facility License Application

Facility License 1-12 Children \$60.00 / 13+ Children \$100 Fee –Expires Annually on December 31st

[] NEW [] RENEWAL (Complete This Page ONLY)

- If Applicant is a **Partnership**, each partner must fill out an application.
- If Applicant is a **Corporation**, the application shall be completed by the manager. A corporation must be authorized to do business in the State of Idaho.

NECESSARY DOCUMENTATION							
1. See checklist for requirements. All care providers or persons who reside on premises or may regularly be on premises of facility, including volunteers, 12 years of age and older <u>must</u> obtain an individual license.							
2. Owner/Operator must have completed Criminal History Background check results (NOTE: May take up to 90 days) and have completed all requirements for individual owner/operator license.							
3. Business must have completed Health Inspection.							
4. Business must have completed Fire Inspection.							
FACILITY INFORMATION							
Name of Facility: Fa	cility Phone Number:						
Facility Physical Address:							
Facility Mailing Address:							
Email:							
Owner/Operator Name:Social Security No	umber:Date of Birth						
Email: Cell Phone:							
Manager Name:Cell Phone:	Email:						
Hours of Operation: Open Clo	ose						
Maximum number of children you provide care for in any 24 hour pe	riod:						
Maximum number of children on premises at any one time:							
Maximum number of staff present on premises at any one time:							
Do you provide overnight care (after 8 PM or prior to 6 AM):							
Have you had an ICCP child in your program within the last year?	[]Yes []No						
Are you a current approved ICCP provider?	[]Yes []No						

APPLICANT CERTIFIES AS FOLLOWS:

If yes, is this your first ICCP health inspection?

That they are a good citizen of the United States; over eighteen (18) years of age; of good reputation; the information listed on this application is complete and true to the best of their knowledge, and that they shall continue to be in compliance with City Code 5.68, which related to I.C. 39-1118, throughout the terms of this license.

[] Yes [] No

Applicant Signature Date

(EACH PARTNER MUST COMPLETE, ATTACH ADDITIONAL PAGES Name: Middle Last Home Address: Mailing Address: ____ Home Phone: Cell Phone: Email: Social Security Number: _____ Date of Birth: PREVIOUS BUSINESSES OWNED OR EMPLOYMENT (PAST TEN YEARS) Name Address Name Address Address Name PRIOR ARREST RECORD AND LOCATION(S) - INCLUDE DUI AND RECKLESS DRIVING Date Charge Location Disposition Date Location Disposition Charge Date Charge Location Disposition LIST AT LEAST FIVE(5) REFERENCES OF REPUTABLE CITIZENS FROM SUCH COMMUNITY WHEREIN THE APPLICANT(S) RESIDE FOR THELONGEST PERIOD WITHIN THE LAST TEN(10) YEARS (ATTACH ADDITIONAL SHEETS IF NECESSARY) Phone Number Name Address Name Address Phone Number Name Address Phone Number Name Address Phone Number Phone Number Name Address WRITTEN RECOMMENDATIONS OF AT LEAST TWO(2) CITIZENS OF COEUR D'ALENE REGARDING APPLICANT'S **MORAL CHARACTER** Signature Date 2. Signature Date APPLICANT CERTIFIES AS FOLLOWS: That they are a good citizen of the United States; over eighteen (18) years of age; of good reputation; the information listed on this application is complete and true to the best of their knowledge, and that they shall continue to be in compliance with City Code 5.68, which related to I.C. 39-1118, throughout the terms of this license. **Applicant Signature** Date City Clerk Date

COMPLETE THIS SECTION FOR INDIVIDUAL OWNER OR PARTNERSHIPS

COMPLETE THIS SECTION FOR A CORPORATION (EACH OFFICER/MEMBER MUST COMPLETE, ATTACH ADDITIONAL PAGES)

Corpora	ate Name:			
Corpora	ate Mailing Address:			
	er Name:First/Middle/Last			Date of Birth:
	T IIOVIVIIGGIO/EGG			
Current	Address:			
		than six (6) months, state the previous a	ddress:	
Previou	s Address:	FICERS/MEMBERS OF THE FIRE	M OR CORPORA	TION
Name:				
1101110.	First/Middle/Last			Bate of Bitti.
	Address:			
Name: _	First/Middle/Last	Social Security Number:		Date of Birth:
Mame:	Address:	Social Security Number:		Date of Rirth:
ivaille.	First/Middle/Last	Social Security Number		Date of Bittii
Current	Address:			
	PREVIOUS BUSINI	ESSES OWNED OR EMPLOYME	<u>NT (PAST TEN Y</u>	EARS)
Name		Address		
Name		Address		
Name	PRIOR ARREST RECORD	Address AND LOCATION(S) – INCLUDE	DUI AND RECKL	ESS DRIVING
Date	Charge	Location		Disposition
Date	Charge	Location		Disposition
Date	Charge	Location		Disposition
<u>LIST A</u>	T LEAST FIVE(5) REFERENCES OF REI FOR THELONGEST PERIOD	PUTABLE CITIZENS FROM SUCH CO WITHIN THE LAST TEN(10) YEARS		
Name	Address			Phone Number
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<u>W</u>	RITTEN RECOMMENDATIONS OF AT LE	EAST TWO(2) CITIZENS OF CDA RE	GARDING APPLIC	ANT'S MORAL CHARACTER
1.				
	Signature		Date	
2.				
ABB: 10:::	Signature		Date	
That they ar	CERTIFIES AS FOLLOWS: e a good citizen of the United States; over eighteen (18) yea all continue to be in compliance with City Code 5.68, which			ete and true to the best of their knowledge, and
Applicant	Signature	Date	City Clerk	Date