



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

**(Office Use Only)**

Amount Paid \_\_\_\_\_

Date \_\_\_\_\_

**Childcare Facility License Application**  
**Facility License - 1-12 Children - \$63.00 - 13+ Children \$105.00**

**[ ] NEW [ ] RENEWAL (Complete this page ONLY) expires annually on Dec. 1st**

- 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 must 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:** \_\_\_\_\_ **Facility Phone Number:** \_\_\_\_\_

**Facility Physical Address:** \_\_\_\_\_

**Facility Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Owner/Operator Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Manager Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Hours of Operation: Open** \_\_\_\_\_ **Close** \_\_\_\_\_

**Maximum number of children you provide care for in any 24 hour period:** \_\_\_\_\_

**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

**If yes, is this your first ICCP health inspection?**  Yes  No

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 \_\_\_\_\_



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

Corporate Name: \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First/Middle/Last

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*If above address is less than six (6) months, state the previous address:*

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

**LIST ALL THE OFFICERS/MEMBERS OF THE FIRM OR CORPORATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First/Middle/Last

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First/Middle/Last

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First/Middle/Last

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

**PREVIOUS BUSINESSES OWNED OR EMPLOYMENT (PAST TEN YEARS)**

Name Address

Name Address

Name Address

**PRIOR ARREST RECORD AND LOCATION(S) – INCLUDE DUI AND RECKLESS DRIVING**

Date Charge Location Disposition

Date Charge Location Disposition

Date Charge Location Disposition

**LIST AT LEAST FIVE (5) REFERENCES OF REPUTABLE CITIZENS FROM SUCH COMMUNITY WHEREIN THE APPLICANT(S) RESIDE FOR THE LONGEST PERIOD WITHIN THE LAST TEN (10) YEARS (ATTACH ADDITIONAL SHEETS IF NECESSARY)**

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

**WRITTEN RECOMMENDATIONS OF AT LEAST TWO(2) CITIZENS OF CDA REGARDING APPLICANT'S MORAL CHARACTER**

1. \_\_\_\_\_  
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 \_\_\_\_\_