



# City of Lawrence

9001 E. 59th Street, Suite 205  
Lawrence, IN 46216-1008  
Phone: 317 545-5566

Annual Registration Fee: \$20.00

<b>OFFICE USE ONLY</b>	
<u>License #</u>	<input type="text"/>
<u>Issued Date</u>	<input type="text"/>
<u>Expiration</u>	<input type="text"/>

**PLEASE PRINT ONLY**

Cash	<input type="text"/>
Check #	<input type="text"/>

## Application for Child Care Facility.

New License Application

License Renewal

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Lawrence, IN \_\_\_\_\_  
Street Zip Code

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

Bus/Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Owner of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Lawrence, IN \_\_\_\_\_  
Street Zip Code

Day(s) and Hour(s) of Operation \_\_\_\_\_

Maximum number of children: \_\_\_\_\_

Age range of children: \_\_\_\_\_

If less than all, what portion(s) of the building will be used for childcare? \_\_\_\_\_

Emergency Contact Name:	_____
Emergency Contact Address:	_____
Emergency Contact Phone #s:	_____ Home _____ Alternate/Cell

Size of premise: \_\_\_\_\_

Does facility have a swimming pool?  In ground  Above ground  None

Does facility accommodate special needs care?  Yes  No

<input type="checkbox"/>	Animal(s): _____	Type(s): _____	Breed(s): _____
Name(s) of Animal(s): _____			

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ALL APPLICABLE SPACES MUST BE COMPLETED**