

CITY OF LAWRENCE DEPT. OF PUBLIC WORKS

APPLICATION FOR CHILD CARE FACILITY ANNUAL FEE: \$20.00

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ ZIP CODE: _____

EMAIL: _____ PHONE NUMBER: _____

OWNER OF BUSINESS: _____

ADDRESS: _____ ZIP CODE: _____

DAYS OF OPERATION: S M T W T F S HOURS 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? _____

SIZE OF PREMISES: _____ SQ FT

DOES FACILITY HAVE A SWIMMING POOL? _____ IN GROUND _____ ABOVE GROUND _____ NONE

DOES FACILITY ACCOMMODATE SPECIAL NEEDS CARE? _____ YES _____ NO

ANIMALS ON PREMISES DURING OPERATING HOURS? _____ YES _____ NO

IF YES, FILL OUT TABLE BELOW:

SPECIES	BREED	NAME	FREE-ROAMING OR CAGED?

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ ZIP CODE: _____

The undersigned affirms under penalty for perjury that the answers, representations, and information provided in this application are true and correct.

Signature

Printed Name

Date

