



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 #: _____
 Clerk: _____ Date: _____
 Fire: _____ Date: _____
 Building: _____ Date: _____
 P&Z: _____ 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:** _____

TYPE OF LICENSE

- Type 2 – Group Child Daycare Facility (six (6) to twelve (12) Children)
- Type 3 – Family Child Daycare Facility (One (1) to five (5) children)

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

- Number of persons eighteen (18) years of age or older residing at residence: _____
- Number of children between the ages of thirteen (13) and seventeen (17) residing at residence: _____

FEES PAID TO THE CITY OF AMMON

Home Occupation Childcare License - Twenty-five dollars (\$25)	Investigation Fee (18 years or older) - Fifty Dollars (\$50) each
Fire Inspection Fee - Thirty dollars (\$30)	Investigation Fee Minor (13-17 years) - Ten Dollars (\$10) each
Childcare Worker Fee - Twenty-five dollars (\$25)	

BY SIGNING BELOW, THE APPLICANT AGREES: To pay the Home Occupation Childcare fee of twenty-five dollars (\$25) as well as any other fees that apply to the business (listed above).

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, including a fingerprint-based nationwide criminal history background check shall be done prior to the issuance of the license currently being applied for. 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. I also understand that a copy of my approved license or letter of denial shall be provided to my employer (if applicable).

Applicant's Signature: _____ **Date:** _____