



APPLICATION FOR HOME CHILD CARE PROVIDERS

PERMIT NO.

Permit Fee: \$50.00
State License No: _____

PO Box 519, 419 N Bdwy., Abilene, Kansas 67410
Tel (785) 263-2355 Fax (785) 263-2355

Applicant Name: _____ Telephone: _____

Owner Of Record of Property _____ Telephone: _____

Location of home for child care: _____

Are you a resident at that location: YES NO Maximum number of children: _____

Where inside the residence will your child care be conducted: _____

Do you have employees: YES NO If yes, how many: _____

Do they live at the day care residence: YES NO Do you have private drive access: YES NO

Hours of operation: (am- pm) _____

Is there a business sign? YES NO Type and size: _____

Is there a designated play area outside your residence: YES NO Where: _____

Applicant Signature _____ Date _____

THIS SECTION - FOR OFFICE USE ONLY

Is fence adequate for use in play area: _____

Is signage compliant with Section 22 _____

Special Conditions _____

Approved _____ Disapproved _____ Reason: _____

City Inspector: _____
Date: _____

Fire Inspector: _____
Date: _____