

New (Renewals should be submitted on a Renewal Application)

Expiration Date: _____

Application No. _____

License No. _____

Customer No. _____

CITY OF PRAIRIE VILLAGE - FAMILY DAY CARE APPLICATION

Licensing Period Expires One Year from Date of Issue - Must Be Renewed Annually

To avoid the return of your application, please provide ALL information, required documentaion, and sign

Business Name:	
Owner's Name:	
Street Address:	
City/State/Zip:	Home Phone:
Email Address:	Cell Phone:

BUSINESS INFORMATION	
1. Are you licensed by the State to operate a daycare business? *Attach a copy of your current license. *Attach a copy of your current fire inspection.	Circle One: YES / NO
2. Do you rent or own the property? *If renting, attach written permission from the owner to operate a business out of your residence.	RENT / OWN
3. If a renewal, has your area of occupation changed since you last submitted a floor plan? *If YES, or if a NEW application, it will be necessary to submit a floor plan on the reverse side of your application.	YES / NO
4. By initialing the following statements, I declare them to be correct and true. _____ I do not have any employees other than immediate family working on the premises. _____ Per City Zoning Regulations, I do not have more than six children under the age of 16 in my care.	

STATEMENT
I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made on this application are correct and true. I agree to comply with all local, State and Federal laws, which govern family daycare operations. I have reviewed and understand the standards as set forth in the Prairie Village Municipal Code Home Occupation Ordinance and agree to comply with all regulations as set forth.
Applicant Signature: _____ Date: _____

PAYMENT		
Return application & payment to: City of Prairie Village Attn: Home Daycare Licensing 7700 Mission Rd Prairie Village KS 66208	If paying by check, make it out to: City of Prairie Village If paying by credit card: Do not submit card numbers via e-mail, for your security	ANNUAL FEE: \$40.00

Office Use Only: Application: _____ License Issued _____
 Date Received _____ Amt Pd Ck/Cash/CC _____ Processed By _____ Date _____ By _____

FLOOR PLAN OF FAMILY DAY CARE HOME

-- DOES NOT HAVE TO BE TO SCALE --