



## DAY CARE HOME LICENSE APPLICATION

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16240 Wausau, South Holland, IL 60473  
708.210.2915 Fax 708.210.2959

New License \_\_\_ Renewal \_\_\_

### PERSONAL

1. Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (during business hours) \_\_\_\_\_

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

2. Do you own the property in which your Home Day Care is run? (Circle) YES NO  
If yes, omit item #3. Note: If you rent, permission is required from the property owner.

3. Name of Current Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

4. Please list 3 emergency contacts with keys to be contacted in case of emergency

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

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**BUSINESS INFORMATION**

1. Business Name: \_\_\_\_\_

2. What is the status of your State of Illinois Department of Children and Family Services license?  
(ATTACH COPY OF LICENSE)

\_\_\_\_\_

3. What is the number of children in the family under the age of 12? \_\_\_\_\_

4. What is the number of children and their ages that are expected to be cared for in the home?

\_\_\_\_\_

5. Describe the number of persons who will be coming to the premises in conjunction with the operation of the of the day care home business (i.e. employees, clients, delivery persons etc). Please explain the purpose of their presence and schedule (days & times).

\_\_\_\_\_

\_\_\_\_\_

6. Number of employees in your day care home business who live in the home: \_\_\_\_\_

7. Number of employees in day care home business who do not reside in the home: \_\_\_\_\_

8. Hours of operation for day care: \_\_\_\_\_

9. Is there any other business being conducted on the premises? (Circle) YES NO

If yes, please give name & description of business \_\_\_\_\_

10. Do you have an alarm system on the property? (Circle) YES NO

If yes, please provide alarm company information: Name: \_\_\_\_\_

Address & Phone \_\_\_\_\_

In consideration of the information contained in this application as well as all supporting documentation, it is requested that approval be given to Day Care Home occupation.

Applicant Signature: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

Date: \_\_\_\_\_ Attest \_\_\_\_\_

**OFFICE USE ONLY**

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LICENSE: APPROVED OR DENIED

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
VSH Code Official

\_\_\_\_\_  
VSH Fire Inspector

ANNUAL LICENSE FEE (\$225.) PAID \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

I have read and understand the Day Care Home Ordinance and agree to comply with all aspects of its contents. I understand that only what is proposed on the application may be done. If any of that information changes, with any portion of said Ordinance, I understand that the Village of South Holland shall have the authority to immediately revoke my Day Care Home license and DCFS will be notified of this action. Further, it is understood that in addition to the above, the Village of South Holland may initiate quasi-criminal proceedings which may include penalties of up to \$750 per day in fines for each and every day that the violations exists.

\_\_\_\_\_  
Print Day Care Name

\_\_\_\_\_  
Print Address

\_\_\_\_\_  
Print Owners Name

\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Date

ATTEST

\_\_\_\_\_  
Department of Planning, Development and Code Enforcement