

CITY OF COUNTRYSIDE

APPLICATION FOR 20____

LICENSE TO OPERATE A DAY/NIGHT CARE CENTER OR HOME

TO THE CITY CLERK:

I, (We) the undersigned, hereby make application for license under and by virtue of Section 3-2-1 of the Municipal Code of the City of Countryside for conducting a children's day or night care center or home.

Name of Business: _____

Address: _____ Phone #: _____

State of IL License Number (A copy must be attached): _____

Specific Type of Care Center or Home: _____

Square Footage of Business: _____ No. of Employees: _____

Instructions:

Please type or print all information requested on this application. Any omissions or misstatements of material facts herein cause forfeiture of rights to further consideration for granting of the license applied for.

1. Name and address of applicant. (If applicant is a firm, give name and address of all partners: if a corporation, give name of president and secretary.)

Name: _____ Address: _____

Name: _____ Address: _____

2. Home office location, if different from above: _____

3. Give name and address of owners of building where business will be conducted:

4. Have you had a license for conducting this type of business in Countryside before? _____

5. Name, home address and phone number of person managing business:

6. Name, home address, and phone number of person in charge of business in Manager's absence:

7. Will food be served? Please explain: _____

Signed: _____

Signed: _____

Signed: _____

(All principals must sign)

Subscribed and sworn to (or affirmed) before me by: _____

this _____ day of _____, 20__.

(Notary Public)

APPROVED FOR LICENSE

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Cook County Health Inspection Required? Yes No

License granted by the Mayor and City Council of the City of
Countryside on:

_____ 20__.