

VILLAGE OF NORTHBROOK
APPLICATION FOR CHILD DAY CARE HOME BUSINESS LICENSE

NOTE: Homes Proposing to serve 4 or more children (including your own natural or adopted children) must be licensed by DCFS.

I.

FULL NAME OF APPLICANT: _____

ADDRESS: _____ **60062**
(Street) (Floor/Apt. #) (ZIP)

PHONE: _____ HOW LONG AT THIS ADDRESS: _____

Address for which Permit is sought: _____ (If different than above)

If applicant is a firm, partnership, or association, the principal address of the corporation:

NOTE: A list of the names, home addresses, and telephone numbers of offices of corporation must be attached to application.

1. # of your own children (under 12 years) to be cared for: _____
2. # of other children (under 12 years) to be cared for: _____
3. **TOTAL # of children (under 12 years) to be cared for:** _____

II.

Do you have a current license from the Illinois Department of Children & Family Services (DCFS)? YES NO

- If Yes, how many children does DCFS License you for? _____
- Expiration date of your DCFS license: _____
- If No, have you applied for a DCFS license? _____
- Date your application to DCFS was submitted: _____

III.

Area(s) proposed to be used for children: _____
(1st Floor, Basement, etc.)

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V.

The applicant, by signing this application under oath, represents that each of the following statements is true. Each statement shall be initialed by the Applicant.

_____ I will not knowingly employ or permit to reside in the day care home, or to give direct care to the children served, anyone who has been adjudicated as a delinquent minor who has committed any offense(s) set forth under the Illinois Juvenile Court Act, who has been declared a sexually dangerous person, or who has been similarly adjudicated under the laws of any other state.

_____ I currently do not abuse alcohol or drugs.

_____ I will not knowingly employ or permit to reside in the day care home, or permit to give direct care to the children served, anyone who currently abuses alcohol or drugs.

_____ I will submit, as part of this application, a medical report on myself and all adults who will come into contact with the children served

_____ I will submit, as part of this application, a Criminal Background Check Form on myself and all other persons who will be caregivers **or will have direct contact with the children being served, and all persons 17 years or older, who reside in the day care home.**

_____ I understand that if I knowingly submit any materially false or misleading statement on this application, my Permit may be denied or revoked.

Application must be submitted in person with DCFS person. (Village to notarize copy of original)

(Signature of Applicant)

(Date)

DCFS License # (Present Original)

STATE (Illinois)
COUNTY (Cook)

Subscribed and sworn to me this _____ day of _____, 20____

SEAL _____
NOTARY PUBLIC

My Commission expires: _____