

STATE OF MISSOURI)
)
COUNTY OF ST. LOUIS)

FOR OFFICE USE ONLY
APPLICATION NUMBER: _____
LOCATOR NUMBER: _____
ZONING: _____
NOTICE MAILING DATE: _____
FINAL ACTION: _____
DATE OF ACTION: _____

INITIAL APPLICATION FOR DAY CARE HOME LICENSING

A. NAME OF APPLICANT: _____
ADDRESS: _____
CITY/STATE/ZIP CODE: _____
TELEPHONE NUMBER: _____
SOCIAL SECURITY NUMBER: _____

B. AREA OF LOT: _____
SQUARE FEET AVAILABLE FOR OUTSIDE RECREATION AREA: _____

C. MAXIMUM NUMBER OF CHILDREN, INCLUDING THE CHILDREN OF THE APPLICANT UNDER AGE THIRTEEN, WHO WILL ATTEND THE CENTER ON A REGULAR BASIS. THIS NUMBER CANNOT EXCEED TEN (10) CHILDREN AT ONE TIME. _____

OVERLAP PERIOD (MUST CONFORM TO CURRENT OVERLAP PLAN APPROVED/FILED WITH THE STATE OF MISSOURI):

- D. THE FOLLOWING ADDITIONAL ITEMS SHOULD ALSO BE INCLUDED WITH THE APPLICATION.
1. A site plan of the day care home site meeting the requirements of the Day Care Home Licensing Code.
 2. A copy of the application for State Day Care Home Licensing or a copy of the State Day Care Home License.
 3. Authorization for the Director of Planning to request the Superintendent of Police of St. Louis County to conduct a complete record check for each proposed employee and all adults who reside or will regularly be present on the premises (form attached).
 4. A check for \$50.00 made payable to the Department of Planning.

E. NAMES, ADDRESSES, PHONE NUMBERS, AND SOCIAL SECURITY NUMBERS OF ALL PROPOSED EMPLOYEES AND ALL ADULTS (PERSONS 18 YEARS AND OLDER) WHO RESIDE OR WILL BE REGULARLY PRESENT ON THE PREMISES:

NAME	ADDRESS	PHONE NUMBER	SOCIAL SECURITY NUMBER

I hereby certify that all information given herein is true and a statement of fact. I further state that I understand that this application or subsequent day care home licensing does not preempt any trust indentures or private agreements governing the subject property.

Signature _____

Date

(initial.app)