INDEPENDENCE HEALTH DEPARTMENT

CHILDCARE FACILITY PERMIT APPLICATION FORM

Environmental Public Health Division
515 S. Liberty Street
P. O. Box 1019
Independence, MO 64051-0519
Phone: (816) 325-7803 Fax: (816) 325-7074
www.independencemo.org/health

This form must be completed for all new and change of ownership facilities and for any changes to facility information. If the information on this application changes, this department is to be notified. Picture identification is required to process application (i.e. driver's license, passport, etc.) PLEASE PRINT LEGIBLY.

Facility Name: (as it will be shown on permit)	Phone: ( )_____ Fax: ( )_____ Cell: ( )_____ Email: _____ Website: _____
Facility Address:	

OWNERSHIP INFORMATION

Ownership Legal Type: ☐ LLC ☐ Corporation ☐ Individual ☐ Partnership ☐ Local Government

Owner's Name:	Phone: ( )_____ Cell: ( )_____ Fax: ( )_____ Email: _____ Website: _____
Owner's Address:	

MANAGER INFORMATION

Managers Name:	Phone: ( )_____ Cell: ( )_____ Fax: ( )_____ Email: _____
Manager's Address:	

CHILDCARE INFORMATION

Anticipated Opening Date:	Is this Child Care establishment located within a private home? ☐ Yes ☐ No
Hours of Operation:	If over 4 children are you state licensed? ☐ Yes ☐ No If yes, for how many children _____

Will Children be Transported by Facility? ☐ Yes ☐ No
(If yes, give brief statement of service provided: Information on type and number of vehicles to be utilized and amounts of insurance coverage and insurance carrier)

I/We understand that this application is in addition to any requirements for occupation licenses or occupancy permits that may be required. All statements herein made are true to the best of my knowledge

_____ Signature

_____ Title

_____ Printed Name

_____ Date