



CHILDCARE FACILITY PERMIT APPLICATION

Community Development Department –Health Permit Inspections
111 E Maple St
P. O. Box 1019
Independence, MO 64051-0519
Phone: (816) 325-7803 Fax: (816) 325-7074
www.independencemo.org

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: () _____

Facility Address:

Cell: () _____

Email: _____

Website: _____

OWNERSHIP INFORMATION

Ownership Legal Type: LLC Corporation Individual Partnership Local Government

Owner's Name:

Phone: () _____

Cell: () _____

Owner's Address:

Fax: () _____

Email: _____

Website: _____

MANAGER INFORMATION

Managers Name:

Phone: () _____

Manager's Address:

Cell: () _____

Fax: () _____

Email: _____

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 _____