



BOISE CITY

**CHILD CARE FACILITY
LICENSE APPLICATION**

THIS APPLICATION APPLIES **ONLY** TO FACILITY
ADDRESSES **WITHIN BOISE CITY LIMITS.**

OFFICE USE ONLY

DATE _____ CITY LICENSE _____

New Modification

Fingerprints Police Check

Floor Plan

P&Z (required for Group Homes, Residential & Commercial Centers)

CPR and First Aid (AHA, ASHI or Red Cross) Date Taken _____

Training hours - total _____

**NONREFUNDABLE TYPE OF FACILITY
FEES:**

- \$ 73.00 _____ FAMILY CHILD CARE HOME - 6 or FEWER CHILDREN
- \$ 103.00 _____ GROUP CHILD CARE HOME - 7 to 12 CHILDREN
- \$ 135.00 _____ CHILD CARE CENTER - 13 or MORE CHILDREN or LOCATED IN A COMMERCIAL BUILDING
- \$ 135.00 _____ RESIDENTIAL CHILD CARE CENTER - 7 to 12 CHILDREN and OWNER NOT LIVING ON PREMISE.
- \$ 42.00 _____ FINGERPRINTS (All residents 18 yrs of age and older)
- \$ 5.00 _____ JUVENILE (In-home residents 13 to 17 yrs of age) ADA COUNTY BACKGROUND CHECK
- \$ 1.50 _____ PROCESSING

_____ TOTAL FEES DUE

BACKGROUND CHECKS WILL BE DONE ON EACH RESIDENT OF THE HOME THIRTEEN (13) YEARS OF AGE AND OLDER.

Do you have any outstanding criminal charges pending against you? YES NO

Are you, or any resident of your facility, listed in the Idaho Child Protection Central Registry? YES NO

IF YES, STOP HERE. You must speak to License Enforcement prior to completing this application. If you, or any resident of your facility, is found to be listed in the Idaho Child Protection Central Registry, regardless of level of severity of crime, you understand that your license will be denied and all fees shall be non-refundable.

_____ Initials

IF THE FACILITY ADDRESS IS LOCATED **OUTSIDE** BOISE CITY LIMITS, CONTACT THE **IDAHO STATE DEPARTMENT OF HEALTH AND WELFARE AT 334-6800.**

APPLICANT / OWNER

NAME _____ PHONE _____
First Last

EMAIL ADDRESS _____

FACILITY

BUSINESS

BUSINESS NAME _____ PHONE _____

BUSINESS ADDRESS: _____
Street City Zip

CONFIDENTIAL ENFORCEMENT ACCESS CODE (IF APPLICABLE) _____

DIRECTOR'S NAME _____
First Last

WEBSITE ADDRESS _____

OVER

DO YOU HEREBY AUTHORIZE BOISE CITY, ITS AGENTS, AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE INFORMATION SET FORTH IN THIS APPLICATION AND IN YOUR QUALIFICATIONS? YES NO

SELF DECLARATION STATEMENT

YES NO

_____ _____ HAVE YOU HAD A CHILD CARE FACILITY LICENSE, CHILD CARE WORKER LICENSE OR OTHER SIMILAR PERMIT OR LICENSE DENIED, REVOKED, OR SUSPENDED BY THE CITY, OR ANY OTHER STATE, OR LOCAL AGENCY WITHIN THE FIVE (5) YEARS PRECEDING THE DATE OF APPLICATION?

_____ _____ HAVE YOU RECEIVED A WITHHELD JUDGEMENT FOR, OR BEEN CONVICTED WITHIN THE FIVE (5) YEARS PRECEDING THE DATE OF APPLICATION OF, ANY FELONY OR CRIME WHICH UNDER THE LAWS OF THIS STATE WOULD BE A FELONY?

_____ _____ HAVE YOU PLEAD GUILTY TO, BEEN FOUND GUILTY OF, OR RECEIVED A WITHHELD JUDGMENT FOR ANY OFFENSE INVOLVING NEGLIGENCE OR ANY PHYSICAL INJURY TO, OR OTHER ABUSE OF, A CHILD?

_____ _____ HAVE YOU REGISTERED, HAVE YOU FAILED TO REGISTER, OR ARE YOU REQUIRED TO REGISTER, AS A SEX OFFENDER IN THE STATE OF IDAHO OR ANY OTHER JURISDICTION?

_____ _____ HAVE YOU EVER BEEN DIAGNOSED BY A LICENSED COUNSELOR, PSYCHOLOGIST, PSYCHIATRIST, OR COURT APPOINTED EXAMINER AS A PEDOPHILE?

_____ _____ HAVE YOU, WITHIN ONE (1) YEAR PRECEDING THE DATE OF APPLICATION, PLEADED GUILTY TO, BEEN FOUND GUILTY OF, OR RECEIVED A WITHHELD JUDGMENT FOR ANY CRIME INVOLVING THE USE OF ALCOHOL, OR THE SALE, POSSESSION, OR USE OF DRUGS, TO INCLUDE THE USE OR POSSESSION OF DRUG PARAPHERNALIA?

_____ _____ DO YOU HAVE OUTSTANDING WARRANTS?

IN ACCORDANCE WITH BOISE CITY CODE 5-33-12 (A 1-4), THE ABOVE OFFENSES / CONDITIONS ARE REASONS FOR DENIAL OF A CHILD CARE FACILITY LICENSE.

*IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN

AND...

YOU MUST SPEAK TO A LICENSE ENFORCEMENT SPECIALIST BEFORE THIS APPLICATION PROCESS WILL BE COMPLETED.

INDIVIDUALS LIVING AT FACILITY

CHILDREN (Under 12 years old)

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

JUVENILES (13 years old to 18 years old)

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

ADULTS (18 years old and older)

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

NAME _____ AGE _____ Date of Birth _____ SEX: M F

BOISE CITY FIRE CODE Section 7-1-64-4706-A:

In **Family Child Care Homes, Group Child Care Homes, and Child Care Centers**, child care rooms shall not be located above the first story, unless the building is equipped with an automatic sprinkler system throughout and provided there are at least two (2) exits directly to the exterior for the exclusive use of such occupancies.

TYPE OF DWELLING

HOUSE

APARTMENT

	Yes	No		Yes	No
One Level	<input type="checkbox"/>	<input type="checkbox"/>	1st Floor	<input type="checkbox"/>	<input type="checkbox"/>
*2 story	<input type="checkbox"/>	<input type="checkbox"/>	*2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>
*Split Level	<input type="checkbox"/>	<input type="checkbox"/>	*3rd Floor	<input type="checkbox"/>	<input type="checkbox"/>
*Basement	<input type="checkbox"/>	<input type="checkbox"/>			

*If Yes, you **MUST** speak to a License Enforcement Specialist **BEFORE** this application process will be completed.

I have reviewed the type of dwelling with a Boise City Clerk's Office License Enforcement Specialist.

Applicant Signature _____ Date _____

I have reviewed the type of dwelling with the applicant.

License Enforcement Signature _____ Date _____

STATEMENT OF OATH

I swear and affirm, under penalty of perjury pursuant to Title 18, Chapter 54 Idaho Code, that the statements contained in the above application for a Child Care Facility License are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

Date

STATE OF IDAHO

> ss

COUNTY OF ADA

On this _____ day of _____ in the year _____, before me the undersigned, a Notary Public, personally appeared _____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he / she executed the same.

NOTARY PUBLIC FOR IDAHO

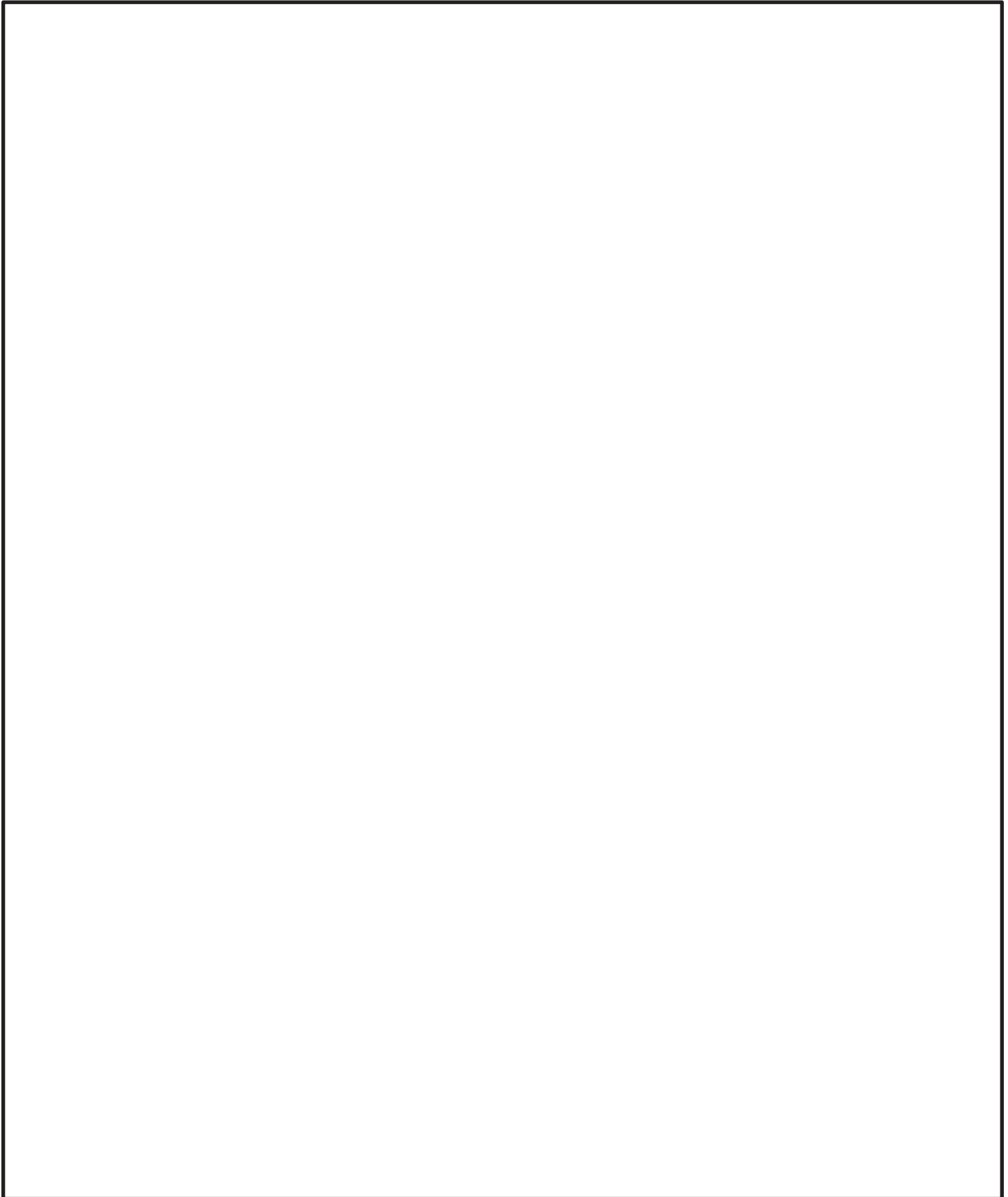
RESIDING AT _____, IDAHO

MY COMMISSION EXPIRES _____

SKETCH OF FLOOR PLAN (In home facilities only)

Square Footage _____

In the area below, please sketch your floor plan. Indicate all rooms that will be used for child care activities and sleeping.

A large, empty rectangular box with a black border, intended for the user to draw a floor plan. The box occupies most of the page's vertical space below the instructions.