WAUKEGAN
City of Progress Illinois
100 N. MLK Jr. Ave. - Waukegan, IL 60085
847-599-2500 - www.waukeganil.gov

HOME CHILD DAY CARE APPLICATION

Department of Licensing and Collections

LOCATION INFORMATION

Address: _____

City, State, Zip: _____

Property Identification Number (PIN): _____-_____-_____-_____Rent: ☐ or Own: ☐

Type of Home: Ranch ☐ / Bi – Level ☐ / 2 Story ☐ / Condo ☐ / Apt. ☐ / Other ☐

PROVIDER INFORMATION

Business Name: _____Business Phone: _____

Owner Name: _____Cell Phone: _____

E-mail: _____

ADDITIONAL REQUIREMENTS

☐ Listing of all property owners within 250 ft of your property
☐ A map showing your property and the 250 ft radius.
☐ Insurance Certificate with Day care coverage
☐ DCFS License

ACKNOWLEDGEMENT

I understand that there is an application fee of $200, which is non-refundable and does not include the business license fee, if approved. I understand and agree that my license will be governed in accordance with the Waukegan, IL – Code of Ordinances.

I understand the issuance of this license is conditional upon compliance with all city ordinances and the results of any inspection of the above premises at this time or any subsequent inspection while this license is in force. Falsification of any information on this application will be grounds for denial and forfeiture of your license fee.

By signing this application, I certify that I have established and will maintain at all times the standards provided for in the standards provided for in the Illinois Child Care Act of 1969, as amended, and that the city may inspect the child day care home at any reasonable time.

The signatory below certifies that to the best of his/her knowledge and belief all the foregoing information is true and correct as provided.

DCFS LICENSED APPLICANT

_____	_____	_____
Applicant Name	Applicant Signature	Date

FOR OFFICE USE ONLY			**Location Number:**	
Date letters sent:			**License Number:**	
Hearing			**Account Number:**	
REVIEWED BY:	**APPROVED**	**DENIED**	**DATE**	**INITIALS**
Planning & Zoning				
Building				
Fire				

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BUSINESS INFORMATION

What will your Hours of Operation be?

_____

Describe in detail how the child day care home will be operated:

_____

_____

_____

LICENSE INFORMATION

State Child Care License #: _____ Date of Issuance: _____
DCFS Licensing Representative Name: _____
DCFS Licensing Representative Address: _____
DCFS Licensing Representative Phone: _____

According to your license, how many children has DCFS approved? _____
(Waukegan allows a maximum of 8 children including family's natural or adoptive children under 12 years of age)

INSURANCE INFORMATION

Please provide a copy of all Homeowner's / Renter's Insurance, and any other policy of insurance covering liability for injury to any and all person on the premises, and showing coverage for children, parents, care provider assistants, and all those on the premises arising out of the use of the premises as a day care home.

Insurer Name: _____ Policy Number: _____

HOUSEHOLD INFORMATION

Day care owner's Driver's License: _____ SSN: _____

Please complete the following information for ***all*** persons that reside in the household:

First Name	Initial	Last Name	Date of Birth	Driver's License Number

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LOCATION INFORMATION continued.

Did the State Fire Marshall inspect your property? Yes: ☐ or No: ☐ (If yes, please attach inspection report.)

What are the expected number and ages of the children to be cared for in the home?

_____

Which level and areas will be utilized for child day care?

_____

_____

Is there any other business being conducted on the premises? If yes, provide the name of the business.

_____

<u>If you rent the property:</u>

Provide notarized permission from the owner or the apartment management agency allowing a business to be conducted on the premises. A child day care home license will not be considered until written, notarized permission is provided and attached.

Owner of Property/Apartment Complex: _____
Address: _____ City, State, Zip: _____
Phone Number: _____ Fax: _____

<u>If you own the property:</u>

Is your home in a residential development (condominium or townhouse) managed by a homeowners association or similar organization? Yes: ☐ or No: ☐

If yes, the city requires notarized permission from the condo/homeowners association, allowing a business to be conducted on premises. A child day care license will not be considered until written, notarized permission is provided and attached.

Homeowners Association: _____
President's Name: _____
Street Address: _____
City, State, Zip: _____
Telephone Number: _____ Fax: _____

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PROPERTY OWNER LIST

With this application, you must submit a listing of all property owners within 250 ft of your property and a map showing your property and the 250 ft radius. This information can be obtained from the Lake County Map Department or online by following the instructions on the last page.

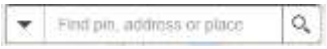
There are two options for obtaining this information:

1.) **IN PERSON –** Go to the Lake County Map Department located in the Lake County Building at 18 N. County Street. (A fee may be applicable)

2.) **ONLINE –** Follow the directions below:

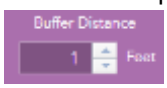
a. Visit https://maps.lakecountyil.gov/mapsonline/

b. Press [OK] on the disclaimer.

c. Enter your address or PIN in the field. 

d. Once your address is found, complete the following:

i. Click the "Buffer Analysis" button. A footer will open up.

ii. In the Buffer Distance field type in 250. 

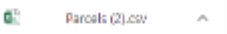
iii. Select the point tool and drop a pin in the map at your address.

iv. A circle will show up in the map with a buffer of 250 feet.

v. Click on the Parcels tab.

A list of addresses within your circle will appear.

vi. Click the button to download.

vii. A .csv file will download to your computer. 

viii. You may print this file or email to businesslicensing@waukeganil.gov.

a. If emailed, include in the subject line your Day Care Name and Address.

i. Example.

1. Subject APPLICATION: My Day Care Business - 143 Main Street Way, Waukegan

ix. This list will be used to mail a notice to your neighbors about the opening of a day care. If there is an objection, a hearing will be scheduled to hear the objection. Your presence will be required at that hearing. If there is no objection your application will continue its approval process.

x. Turn in your documents along with printed list or notify the office that you have emailed your list at the time of your application for a Home Child Day Care license.