

HOME CHILD DAY CARE APPLICATION
Department of Licensing and Collections

PROVIDER INFORMATION

Business Name: _____ Business Phone: _____
 Owner Name: _____ Date of Birth: _____
 Driver's License: _____ SSN: _____
 Cell Phone: _____ Other Phone: _____
 E-mail: _____ Fax Number: _____

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

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

LOCATION INFORMATION

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

Address: _____

City, State, Zip: _____

Property Identification Number (PIN): _____ Rent: or Own:

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.

If you rent the property:

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: _____

If you own the property:

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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ADDITIONAL REQUIREMENTS

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

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

ADDITIONAL COMMENTS

FOR OFFICE USE ONLY				
Date Received:			Account Number:	
Date Pickup Up:			License Number:	
REVIEWED BY:	APPROVED	DENED	DATE	INITIALS
Planning & Zoning				
Building				
Fire				
Police Department				

PROPERTY OWNER LIST

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 www.co.lake.il.us
 - b. On the “Quick Links” menu, click on “GIS Maps”
 - c. On the “GIS & Mapping Division” home page, click “Interactive GIS Applications”. This will open a new window, so if you have pop-ups blocked, hold your “Ctrl” key while you click the link so a new window opens.
 - d. Now, you’re in the Lake County Maps Online home page
 - i. In the “Applications” toolbar, click on “Property Tax”
 - ii. In the “Command Tools” toolbar, click on “Search”
 - iii. In the left (yellow) frame, scroll down near the bottom to the space to enter your address and fill in your property address (after you type your street name, you must also select it from the box below where you typed it), select “Waukegan”, then click “search”
 - iv. In the left (yellow) frame, you will now have a list of information about your property as you scroll down. In the right (map) frame, you will have a map centered on your property.
 - v. In the left frame, scroll back up to the top and click on the link that says “250 foot buffer”. Again, if you have pop-ups blocked, hold down your “Ctrl” key while you click the link so the new window opens. If you only get the map and not the property listing, hold the “Ctrl” key and click the “250 foot buffer” button again.
 - vi. You will now have a property listing in the pop-up window, and a map with your property and all the properties within the 250 foot radius highlighted.
 - vii. Use the “Print Map” button on the “Command Tools” toolbar to print the map, and follow the directions at the top of the map page. Make sure you print this document in landscape orientation.
 - viii. Also print the property listing from the pop-up window.
 - ix. In the pop-up window, click on each Property Index Number (PIN) to get the name of the taxpayer from the left frame. If you make the pop-up window only cover the section with the map, leaving the left (yellow) frame uncovered, you’ll be able to see the information in the left frame change. The taxpayer name line is about halfway down, just after the government districts information and before the property assessment information. Copy down the name of the taxpayer for each of the addresses on your list. Make sure you put the right name(s) with the right address.
 - x. Use the property list and the taxpayers’ names to create a typed (or legibly handwritten) list with the name and address of each property owner within the 250 foot radius. Your list must match the printed list from Lake County from step viii.
 - xi. Submit this documentation with your application for a Home Child Day Care license.