

DAY CARE HOME REGISTRATION APPLICATION 16220 Wausau, South Holland, IL 60473 708.210.2915 Fax 708.210.2959 Please Print Clearly 1. Applicant: \_\_\_\_\_ Business Name: \_\_\_\_\_\_ Address: South Holland, IL Telephone: (during business hours) \_\_\_\_\_ Email: \_\_\_\_ Fax: 2. Do you own the home? \_\_\_\_\_\_ If you are a tenant, we require a signed notarized letter from the property owner indicating approval for the use of the residence as a home day care to be submitted with this application. 3. Please list an emergency contact with keys to be contacted in case of emergency Name: \_\_\_\_\_ Address: Active \_\_\_\_\_ Pending \_\_\_\_\_ Cancelled \_\_\_\_\_(Attach Copy of DCFS License) NO **OFFICE USE ONLY** Approved / Denied New / Renewal

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ 4. What is the status of your State of Illinois Department of Children and Family Services license? 5. Do you allow the Village of South Holland to publish your business name and phone number, on the Village's website ( www.southholland.org )? Please initial your decision: \_\_\_\_\_ YES In consideration of the information contained in this application as well as all supporting documentation, it is requested that approval be given to Day Care Home occupation. Applicant Signature: \_\_\_\_\_ Date REGISTRATION: COMMENTS\_\_\_\_\_ VSH Code Official VSH Fire Inspector License Fee (\$225.) Paid Registration Number\_\_\_\_\_ Check Cash Credit Card