

**APPLICATION FOR
FAMILY CHILD DAY CARE LICENSE**



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
MUNICIPAL SERVICES BUILDING – CONCOURSE
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102
For more information visit us at www.phila.gov

APPLICATION # _____

(Please complete all information below and print clearly)

TYPE OF LICENSE (SELECT ONE):

- UP TO SIX (6) CHILDREN IN YOUR HOME
- SEVEN (7) TO TWELVE (12) CHILDREN IN YOUR HOME
- UP TO 5 CHILDREN IN A COMMERCIAL BUILDING

PLEASE NOTE: ALL OTHER CHILD CARE OPERATIONS REQUIRE APPROVAL FROM THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE, OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING (215) 560-2807

ADDRESS LOCATION OF FAMILY CHILD DAY CARE:

NAME OF HOMEOWNER OR FACILITY OPERATOR (MUST BE A PERSON, NOT A COMPANY):

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____

PHONE # (_____) _____ E-MAIL: _____

NAME OF COMPANY OR EMPLOYER (COMMERCIAL BUILDING ONLY): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____

PHONE #: (_____) _____ FAX # (_____) _____

YOU (OR YOUR EMPLOYER) ARE REQUIRED TO HAVE A COMMERCIAL ACTIVITY LICENSE TO CONDUCT BUSINESS IN PHILADELPHIA
DO YOU HAVE A COMMERCIAL ACTIVITY LICENSE? YES NUMBER _____ NO

REQUIREMENTS

SUBMIT THE FOLLOWING WITH THIS APPLICATION:

- PROOF OF ZONING APPROVAL (COPY OF USE REGISTRATION PERMIT OR PERMIT NUMBER AND DATE ISSUED).
- LICENSE ELIGIBILITY REPORT (LER) FROM PHILADELPHIA DEPARTMENT OF HEALTH FOR PREPARING AND SERVING OF FOODS. A SEPARATE FOOD LICENSE WILL BE REQUIRED FOR DAY CARE IN A COMMERCIAL BUILDING.

FEES

APPLICATION REQUIRES SUBMITTAL OF A NON-REFUNDABLE APPLICATION FEE CHECK OR MONEY ORDER PAYABLE TO "CITY OF PHILADELPHIA"	FEE	REVENUE CODE	OFFICE USE ONLY CHECK #
FAMILY CHILD DAY CARE LICENSE	\$50.00	3397	
COMMERCIAL ACTIVITY LICENSE		3702	
TAX I.D. NUMBER ISSUED BY THE REVENUE DEPARTMENT IS REQUIRED TO OBTAIN A COMMERCIAL ACTIVITY LICENSE	TAX I.D. NUMBER:		

THIS APPLICATION MUST BE ACCOMPANIED BY PAYMENT OF THE LICENSE FEE(S). A FIRE SAFETY INSPECTION MUST BE COMPLETED AND PASSED BEFORE THIS LICENSE WILL BE ISSUED. TO SCHEDULE AN INSPECTION REFER TO THE DEPARTMENT'S DISTRICT CONTACT MAP TO LOCATE THE OFFICE FOR YOUR LOCATION.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE: _____ **DATE:** ____ / ____ / ____