



Cleveland Department of Public Health

CLEVELAND DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH
2018 DAY CARE APPLICATION

Please Return Application to:
Assessments & Licenses
601 Lakeside Ave.
Cleveland, Ohio 44114
216-664-2260

Renewal [ ] Initial [ ]

THIS APPLICATION MUST BE ACCOMPANIED WITH:

- \$50.00 PAYMENT

Please Print Clearly:

DAY CARE CENTER NAME: FEDERAL TAX ID NUMBER (REQUIRED TO OBTAIN A COMMERCIAL LICENSE)

ADDRESS: PHONE NUMBER

Building Information: Hours of Operation: Please submit the square footage of the Day Care Building: Please list your Day Care Center operating days and hours. Days of the week: Operating hours: Certificate of Occupancy Permit #:

Legal Owner / Day Care Center Director Information: Business Owner's name: Business Owner's Address: Business Owner's Phone #: Day Care Center's Director name: Day Care Center's Director Address: Day Care Center's Director Phone #:

Table with columns for Capacity for Attendees (Infants, Toddlers, Pre-Schoolers, School-agers) and documentation requirements (Relevant Education, Food Service License, Relevant Experience, Emergency Medical & Dental Plan).

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: \_\_\_\_\_

The Cleveland Department of Public Health will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc. under the Americans with Disabilities Act, You are invited to make your needs known to CDPH