

**CITY OF PEMBROKE PINES
APPLICATION FOR LICENSE FOR FAMILY HOME DAY CARE**

Account No.:

Date Paid:

License No.

Receipt No.

1. Name:

2. Address:

3. Phone No.:

4. Name of Owner of Property:

(If different from applicant, a notarized written statement from the property owner authorizing and granting permission to operate from the premises must be attached.)

5. Legal Description:

(Attach copy of deed)

6. General Description of Property: (number of rooms, baths, fenced yard, etc.)

7. Hours of Operation/Days of Week:

8. Number of children being cared for in the home:

A family-day-care home shall be allowed to provide care for one of the following groups of children, which shall include those children under 13 years of age who are related to the care giver:

- (a) A maximum of four children from birth to 12 months of age.
- (b) A maximum of three children from birth to 12 months of age, and other children, for a maximum total of six children.
- (c) A maximum of six preschool children if all are older than 12 months of age.
- (d) A maximum of 10 children if no more than five are preschool age, and of those five, no more than two are under 12 months.

CHILDREN SHALL NOT BE OUTSIDE BEFORE 8:00 A.M. OR AFTER 5:00 P.M. DURING EASTERN STANDARD TIME AND AFTER 7:00 P.M. DURING DAYLIGHT SAVING TIME.

9. Date of DCF approval:

STATE OF FLORIDA, COUNTY OF BROWARD

Before me this day personally appeared _____ who, first being sworn, deposes and says that the above information on this application for occupational license is true and correct.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, _____

Notary

My Commission expires: