



PLANNING & INSPECTIONS DEPARTMENT

HOME OCCUPATION – CHILD CARE LICENSE APPLICATION

INSTRUCTIONS: PLEASE TYPE OR PRINT CLEARLY. DO NOT LEAVE ANY BLANK FIELDS.

Child Care Facility Information (Project Name)

Name of Child Care Facility:	Phone #:
Facility Address:	Zip Code:

Child Care Owner/Operator (Applicant)

Name of Owner/Operator (Individual, Partnership, Corporation, LLC):	
Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
Type of Application: <input type="checkbox"/> New License <input type="checkbox"/> Renewal License	
If a renewal, what year did you first open facility? (Please attach supporting documentation.)	If a renewal, how many children did you have last year? (Please attach supporting documentation.)
Street Address:	
City:	State: Zip Code:
Phone #:	Fax #: Email:

Questionnaire. Please answer Yes or No to all Questions

Do you own the property listed above? (If the answer is "No", please provide a homeowner's affidavit.)	
Do you live at the above listed property?	
Will the business require regular use of commercial vehicles for delivery?	
Will the home occupation generate pedestrian or vehicular traffic of clients, associates, or goods?	
Will more than one person, not a member of the resident household, be employed in connection with the Home Occupation?	
Will the residence be used exclusively for the operation of a home occupation?	
Will the home occupation cause a nuisance, create excessive noise, dust, vibration, smell, smoke, glare, Electrical interference detectable at the lot line, or create a fire hazard?	

Will any advertising, other than a one square foot nameplate, attached to the face of the building be used?	
Since the construction of your home have any structural changes been made? (If yes, submit certificate of Occupancy or buildings permit numbers.)	
Are items, made on a custom basis on the premise, being sold at retail on the premises?	
Will the home occupation comply with all provisions of the law (local, state, and federal)?	

Property Owner (if not the same as the Child Care Facility Owner/Operator):

Name (First, Middle, Last, Suffix):

Street Address:

City:	State:	Zip Code:
Phone #:	Fax #:	Email:

Emergency Contact (if more than one, attach additional contacts to this application):

Name (First, Middle, Last, Suffix):

Street Address:

City:	State:	Zip Code:
Phone #:	Fax #:	Email:

Child Care Facility Operations:

Size of Indoor Area (room sizes requires 30 sq. feet per child):	Size of Outdoor Area (80 sq. feet per child required):
Number of Children to be cared for (for this address ONLY):	Other Children living in residence under 14 (for this address ONLY):
Type and height of wall in rear yard (Masonry wall of at least 4 ft in height is required):	
Total Number of Residents in Household: (Include employees, operators, and other residents such as children)	Number of Off-Street Parking Spaces Provided: (Minimum of 2 spaces required for up to 6 children and 3 spaces required for 7 to children)

Application Checklist (all of the following must be submitted before the application can be processed):

Please note that the application fee will not be refunded if the application is denied.

<input type="checkbox"/> Complete Application (signed and notarized)	<input type="checkbox"/> Homeowner's Affidavit for Home Occupation & Boarding Home Licenses (applicable to rental properties only)
<input type="checkbox"/> Copy of Owner/Operator's Driver's License or Representative (must reside at site address)	<input type="checkbox"/> Proof of Payment of Nonrefundable Application Fee
<input type="checkbox"/> Copy of DBA or Articles of Incorporation (if applicable)	

Notice:

- I understand that if at any time the maximum number of desired children for which license was originally sought changes, it is my responsibility to notify the City of El Paso for possible modifications to the license issued and that additional zoning restrictions may apply.
- I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. I further agree to immediately report any changes of facts of this application to the City of El Paso's business licensing division.
- I understand that the granting of a Home Occupation Child Care Facility license does not presume to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature (Owner/Operator)*:

Name (Print):	
Signature:	Date:
Title:	

Signature (Representative, if applicable):

Name (Print):	
Signature:	Date:
Title:	

*Either the owner/operator or agent (representative) of the owner/operator must sign.

STATE OF TEXAS

COUNTY OF EL PASO

This instrument was acknowledged before me this _____ day of _____, 20_____

by _____

Print Name of Owner/Operator

Signature of Owner/Operator

STATE OF TEXAS NOTARY PUBLIC, Signature

Notary Stamp



PLANNING & INSPECTIONS DEPARTMENT

HOMEOWNER'S AFFIDAVIT FOR HOME OCCUPATION & BOARDING HOME LICENSES/PERMITS

Name of Renter:		
Street Address:		
City:	State:	Zip Code:
Type of Facility: <input type="checkbox"/> Child Care <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Boarding Home		
Name of Property Owner:		Phone Number:

I am the property owner of the home at the above mentioned address. I have no objections to my home, which is presently being rented, to be used for the mentioned Home Occupation or as a Boarding Home facility.

STATE OF TEXAS
COUNTY OF EL PASO

This instrument was acknowledged before me this _____ day of _____, 20_____

by _____
Print Name of Property Owner

Signature of Property Owner

Notary Stamp

STATE OF TEXAS NOTARY PUBLIC, Signature