



CLEVELAND DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH
 2024 Child Care Application

Cleveland Department of Public Health

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

Renewal Initial

THIS APPLICATION MUST BE ACCOMPANIED WITH:

Please Print Clearly:

\$50.00 PAYMENT

Day Care Center Name:	Email Address:
Address:	Phone Number:
FEDERAL TAX ID NUMBER: <i>(REQUIRED TO OBTAIN A COMMERCIAL LICENSE)</i>	Hours of Operation: <i>(Please list your Day Care Center operating days and hours.)</i> <i>Days of the week:</i> <i>Operating hours:</i>
Certificate of Occupancy Permit #:	Building Information: <i>Please submit the <u>square footage</u> of the Day Care Building:</i>

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

Capacity for Attendees:				The following documentation must be available on site or upon request.			
Infants (0-18 months)		Toddlers (18 – 36 months)		Relevant Education <i>(circle one)</i>		Food Service License <i>(circle one)</i>	
				YES	NO	YES	NO
Pre-School (3 – 5 years)		School-age (5+ years)		Relevant Experience <i>(circle one)</i>		Emergency Medical & Dental Plan <i>(circle one)</i>	
				YES	NO	YES	NO

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