



**CITY OF BOULDER CITY  
HOME CHILD CARE BUSINESS LICENSE APPLICATION**

401 California Ave. Boulder City NV 89005  
Mailing address: PO Box 61350 Boulder City NV 89006  
Phone 702-293-9219 Fax 702-293-9411

Date: \_\_\_\_\_ License No. \_\_\_\_\_

The undersigned hereby applies for a HOME CHILD CARE BUSINESS LICENSE for:

- SEMIANNUAL (\_\_\_\_) January 1<sup>st</sup> - July 30<sup>th</sup> or
- (\_\_\_\_) July 1<sup>st</sup> - December 31<sup>st</sup>
- ANNUAL (\_\_\_\_) July 1<sup>st</sup> - June 30<sup>th</sup> or balance thereof

(\_\_\_\_) THE CARE OF 1 TO 4 CHILDREN, INCLUDING CHILDREN UNDER THE AGE OF 6 YEARS WHO LIVE WITH THE APPLICANT.

**OR**

(\_\_\_\_) THE CARE OF 5 TO 6 CHILDREN, INCLUDING CHILDREN UNDER THE AGE OF 6 YEARS WHO LIVE WITH THE APPLICANT.

APPLICANT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_

Are you the legal owner of this property? Circle: Yes No  
(If you are not the owner of the property, submit a letter of permission from the owner of the property with this application.)

List all the children that live in your home that are under the age of six (6) years as of the date of this application, and their date of birth.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

**MINIMUM FEE:**

**\$40.00 SEMIANNUAL      \$80.00 ANNUAL**

(Fee assessed in accordance with subsection 4-1-22 A.1)

AFFIDAVIT

I do hereby solemnly swear or affirm that I have read and do understand the requirements for child care licensing of the State of Nevada, Department of Human Resources, Division of Child and Family Services, as well as the requirements for child care licensing of the City of Boulder City, and I am prepared to meet the necessary State and local requirements for child care licensing at my residence.

I do hereby also solemnly swear or affirm that all statements contained herein are true and correct, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to approve, or revocation of, an application for a Boulder City business license for the purpose of home-based child care. If this application is approved and a license issued, it will be accepted by me subject to the terms and provisions of the "Boulder City, Nevada Business license Code," and such other rules and regulations as may at any time hereafter be adopted or enacted by Resolution or Ordinance of the City Council of Boulder City, Nevada. I further acknowledge that if a license is issued it will not be transferred to any other person at this location or used for the operation and conduct of such business at another location.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

FOR CITY USE ONLY:

**PLANNING:** Zoning of property: \_\_\_\_\_  
Check which type of use has been applied for :

\_\_\_\_\_ The care of 4 or less children, including the applicant's children under the age of 6 years.

\_\_\_\_\_ The care of 5 to 6 children, including the applicant's children under the age of 6 years.

Conditional Use permit file no. \_\_\_\_\_. Date of approval of Conditional Use by Planning Commission or City Council: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date Approved

**BUSINESS LICENSE:** Is copy of license from the State of Nevada, Department of Human Resources, Division of Child and Family Services attached? \_\_\_\_\_

\_\_\_\_\_  
City License Officer

\_\_\_\_\_  
Date Approved