



City of Lawrence

9001 E. 59th Street, Suite 300
Lawrence, IN 46216-1008
Phone: 317 545-5566 Fax: 317 549-4837

Annual Registration Fee: \$20.00

OFFICE USE ONLY

License #	
Issued Date	
Expiration	

PLEASE PRINT ONLY

Cash	
Check #	

Application for Child Care Facility.

New License Application

License Renewal

Business Name: _____

Address: _____ Street _____ Lawrence, IN _____ Zip Code _____

Email: _____

Bus/Home Phone: _____ Alternate Phone: _____

Owner of Business: _____

Address: _____ Street _____ Lawrence, IN _____ Zip Code _____

Day(s) and Hour(s) of Operation _____

Maximum number of children: _____

Age range of children: _____

If less than all, what portion(s) of the building will be used for childcare? _____

Emergency Contact Name:	_____
Emergency Contact Address:	_____
Emergency Contact Phone #s:	_____ Home _____ Alternate/Cell _____

Size of premise: _____

Does facility have a swimming pool? In ground Above ground None

Does facility accommodate special needs care? Yes No

<input type="checkbox"/> Animal(s):	Type(s): _____	Breed(s): _____
Name(s) of Animal(s): _____		

Signature of Applicant

Date

ALL APPLICABLE SPACES MUST BE COMPLETED

