

## TOWN OF LITTLE ELM

## Development Services Department 100 West Eldorado Parkway

Little Elm, TX 75068

214-975-0456 www.littleelm.org

In-Home Da	y Care Center Home Occi	nation Registration (O	rdinan	ce 901)	
Business Name:	y care conter frome occu	special registration (e		CC 7 (1)	
Business Address:					
Owner Name (Last, First & Middle)		Date of Birth	f Birth Driver's License Number		
Home Number	Cell Phone	Email			
State Permit Number	Date of Issuance	Class of Permit (Licens	lass of Permit (Licensed, Registered, Listed)		
Days and Hours of Operation		Maximum Number of		Number of Non-	
		Children in Care (per S	itate)	Resident Employees	
The information on this form contains no willful misrepresentation. The information is true and complete to the best of my knowledge and ability. I understand that any willful misrepresentation or failure to provide identifying information within the required time frames will be considered a violation of the Little Elm Code of Ordinances.					
I have read the Town of Li home day care operation, a listed on this registration is r	nd agree to abide by them	•			
I understand that I must regarder all in-home day care consumments of the registration	enters expire January 31 <sup>st</sup> of on pursuant to the Develop g 214-975-0456 or downlo	f each year. A process ment Services Fee Sched ading the Fee Schedule	ing fee dule. C	will be payable upon urrent fee information	
Signature of Owner		Date			
* A - 641			1. 41 •		

\* A copy of the current State permit must be submitted with this registration.

<b>FOR</b>	OFFICE	USE	ONLY
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Registration Number:	Date Registered:	Receipt #:	Copy of State Permit:	
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