



Community Development Department

101 N. Choctaw El Reno, OK 73036 • (405)-295-4070

Childcare Business License & Renewal

BUSINESS INFORMATION

Business Name: _____ Business Phone: _____

Physical Address: _____ City: _____

State: _____ Zip: _____

Owner of Building: _____ Phone: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Type of Business: _____

Description of Business: _____

Seasonal or Temporary? Seasonal Temporary

Sales Tax ID#: _____ EIN (or SS#): _____

Maximum number of children receiving care at this site: _____

Attach a copy of the current, valid child care license from the Oklahoma Department of Human Services.

OWNER/APPLICANT INFORMATION

Owner/Assignee Name: _____

Owner/Assignee Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Phone: _____

Email: _____

Applicant Signature: _____ Date: _____

ALARM/BUSINESS IDENTIFICATION PROGRAM

Typical Operating Hours & Days: _____

Number of Full Time Employees: _____ Number of Part Time Employees: _____

Are there hazardous chemicals stored on the premises? Yes No

If yes, please list: _____

Does your business have an alarm? Yes No

If yes, please complete information below:

Alarm Company Name: _____ State License #: _____

Alarm Company Phone #: _____ Type/Coverage of Alarm: _____

*Per Section 361-24(B)(2)(b), the cost of the license is \$25 + \$1 for each kid receiving care.

There is an additional \$50 charge for the annual inspection.

24 Hour Contacts

Name: _____ Phone: _____ Secondary Phone: _____

Name: _____ Phone: _____ Secondary Phone: _____

FOR OFFICE USE ONLY

Submittal Date: _____ **Filing Fee** _____ **E.R. License#** _____

Public Utilities:

Signature: _____ Approve Deny Date: _____

Available: Water Sewer Fiber

Remarks: _____

Building Inspections:

Signature: _____ Approve Deny Date: _____

Remarks: _____

Planning:

Signature: _____ Approve Deny Date: _____

Remarks: _____

Fire Department:

Signature: _____ Approve Deny Date: _____

Remarks: _____