



VILLAGE OF RIVERDALE  
157 W. 144TH STREET  
RIVERDALE, IL 60827  
PHONE: 708-841-2200  
FAX: 708-841-7587

**DAYCARE LICENSE APPLICATION**

EACH PERSON SEEKING SUCH LICENSE MUST COMPLETE THE INFORMATION BELOW AND RETURN WITH THE PROPER APPLICATION FEE.

(TYPE OR PRINT ONLY)

NAME OF DAYCARE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

D.C.F.S. LICENSE# \_\_\_\_\_ (COPY OF LICENSE MUST ACCOMPANY APPLICATION)

NUMBER OF ROOMS \_\_\_\_\_ NUMBER OF CHILDREN \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_

NUMBER OF VEHICLES USED IN THE TRANSPORTATION OF CHILDREN \_\_\_\_\_  
(YOU MUST PROVIDE THE MAKE, MODEL, YEAR, VIN #, PLATE # AND PROOF OF INSURANCE FOR EACH VEHICLE.)

LIST EMPLOYEES WITH DATE OF HIRE: (USE ADDITIONAL SHEET IF NECESSARY)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BUSINESS OWNER IS REQUIRED TO PROVIDE COPY OF CURRENT DCFS LICENSE TO THE VILLAGE OF RIVERDALE**