



VILLAGE OF ARLINGTON HEIGHTS  
DEPARTMENT OF BUILDING & HEALTH SERVICES  
33 S. Arlington Heights Rd.  
Arlington Heights, IL 60005  
Phone (847) 368-5560  
Fax (847) 368-5975  
Website: [www.vah.com](http://www.vah.com)

Dear Applicant:

This is an application to license an "In-Home Day Care at your residence. Also attached is a copy of Chapter 14, Section 801-807 of the Municipal Code pertaining to Day Care Homes.

Please complete the attached application, return it with your check in the amount of \$30.00 and a copy of a valid license issued by the Department of Children and Family Services. An inspection of the premises will be conducted by an Arlington Heights Fire Inspector and upon approval; your license will be issued.

You are not permitted to operate your day care until approval is granted by the Department of Children and Family Services and the Village of Arlington Heights.

If you should have any questions regarding this matter, please feel free to contact me at (847) 368-5562.

Good luck in your endeavors!

Department of Building & Life Safety

Enclosure



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**20**      **IN-HOME DAY CARE LICENSE APPLICATION**  
**SECTION #14-801-807**

**NAME OF DAY CARE:** \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_

**APPLICANT'S ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
**ARLINGTON HEIGHTS, IL 6000** \_\_\_\_\_

**APPLICANT'S PHONE #:** \_\_\_\_\_ **APPLICANT'S DATE OF BIRTH:** \_\_\_\_\_

**APPLICANT'S DRIVER LICENSE #:** \_\_\_\_\_

**STATE DAY CARE LICENSE #:** \_\_\_\_\_ **DATE OF ISSUANCE:** \_\_\_\_\_

**NUMBER OF CHILDREN:** \_\_\_\_\_ **TYPE OF HOME:**  RANCH  BI-LEVEL  2-STORY

**(MAXIMUM OF 8 CHILDREN INCLUDING FAMILY'S NATURAL OR ADOPTIVE CHILDREN UNDER 16 YEARS OF AGE). WHICH LEVEL AND AREAS WILL BE UTILIZED FOR CHILD CARE?**

\_\_\_\_\_

\_\_\_\_\_

Initial application fee of \$30.00 shall include the issuance of a license valid until the following December 31st. Thereafter, the annual renewal fee, due each January 1st, shall be \$20.00 in accordance with Chapter 14, Section 801-807 of the Municipal Code. Please enclose a check and a copy of your state license along with the completed application package. Your license will be released after an inspection by the Fire Safety Inspector.

I understand the issuance of this license is conditional upon compliance with all Village Ordinances and the results of any inspection of the above premises at this time or any subsequent inspection while this license is in force.

**FALSIFICATION OF ANY INFORMATION ON THIS APPLICATION SHALL BE GROUNDS FOR DENIAL AND FORFEITURE OF YOUR LICENSE FEE.**

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

**PLEASE PROVIDE THE NAME OF THE INDIVIDUAL OR INDIVIDUALS WHO SHALL BE THE RESPONSIBLE PARTIES FOR THE ACTIVITIES UNDERTAKEN WITHIN THE VILLAGE OF ARLINGTON HEIGHTS.**

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **DRIVERS LICENSE #:** \_\_\_\_\_ **STATE WHERE ISSUED:** \_\_\_\_\_

**I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL VILLAGE ORDINANCES. FALSIFICATION OR OMISSION OF ANY INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR DENIAL OR REVOCATION.**

**HAVE YOU BEEN CONVICTED OF A CRIME EXCEPT MINOR TRAFFIC VIOLATIONS?**  YES  NO **IF YES PLEASE PROVIDE BELOW THE DATE, CITY AND STATE WHERE THE ARREST(S) TOOK PLACE, THE SPECIFIC CHARGES THAT WERE FILED AND THE DATE OF THE COURT DISPOSITION AND SENTENCE IMPOSED IF APPROPRIATE.** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**LICENSING DEPARTMENT**  APPROVED  DENIED **CONTROL #:** \_\_\_\_\_

**ZONING**  APPROVED  DENIED **FIRE SAFETY**  APPROVED  DENIED



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**NOTICE  
TO OPERATE AN IN-HOME DAY CARE**

To Whom It May Concern:

In compliance with Village Ordinance, Chapter 14 Section 801-807, you are hereby notified that

\_\_\_\_\_ who resides at \_\_\_\_\_  
has applied for a license to operate a Day Care Home at the above location.

If you have any objections to the pending day care, please indicate your objection at the bottom of this sheet. In this event, the Village Administration may schedule a hearing to determine if the license should be granted. At this hearing, objectors will be asked to show cause why the Day Care Home should not be permitted.

Please sign this notice and return it within fifteen (15) days to:

Village of Arlington Heights  
Building Services  
Attention: Valerie Gerstein  
Permits, Inspections and Licensing Coordinator  
33 S. Arlington Heights Rd.  
Arlington Heights, Illinois 60005

Thank you for your cooperation in this matter.

Valerie Gerstein  
Permits, Inspections and Licensing Coordinator  
Village of Arlington Heights

- I have no objection.
- Attached is my reason for objecting to the issuance of a license. I acknowledge that my appearance may be required at the hearing.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_



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