  **CITY OF CASHMERE**

 101 Woodring Street

 Cashmere, Washington 98815

 Phone (509)782-3513 Fax (509)782-2840

**Family Home Day Care Application**

Applicant Name ­­­­­­

Address Phone

Property owner name

Address

Property Legal Description (may be attached)

Zoning

How many children, including your own if they participate?

Will you have a sign? [ ]  YES [ ]  NO (If yes, must comply with CMC 15.32)

Proposed hours of operation: to

**PLEASE ATTACH THE FOLLOWING**:

* Scaled drawing showing dimensions of property and placement of buildings and passenger loading area
* Photocopy of state child care provider license
* Certificate of compliance signed by the fire and building inspector
* Application for City of Cashmere business license with proper fee

**I have answered all questions to the best of my ability and understand that if not answered truthfully my permit, if granted, may be revoked.**

**Signature Date**

**OFFICE USE ONLY**

**APPROVAL SIGNATURE DATE**

**RESTRICTIONS:**



 **CITY OF CASHMERE**

 **101 WOODRING STREET**

 **CASHMERE, WA 98815**

**Certificate of Building & Fire Code Compliance**

**Family Day Care Provider**

This is to certify that the building proposed for a child care facility at

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meets the applicable building and fire code requirements for a family day care, specifically in regard to doors and windows.

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Cashmere Building/Fire Inspector Date

The following items shall be corrected before issuance of license:



 **$20.00 INITIAL**

 **$10.00 RENEWAL**

 **CITY OF CASHMERE**

 **101 Woodring Street**

 **Cashmere, WA 98815**

**Application for City Business License**

BUSINESS NAME PHONE

STREET ADDRESS

MAILING ADDRESS

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PLEASE INCLUDE THE FOLLOWING INFORMATION IF YOU WOULD LIKE LINKS TO BE ADDED TO OUR BUSINESS DIRECTORY (WE CAN ALSO ADD YOUR LOGO, INQUIRE AT CITY HALL)

EMAIL WEBSITE

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BUSINESS OWNER HOME PHONE

ADDRESS

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PROPERTY OWNER PHONE

ADDRESS HOME PHONE

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TYPE OF BUSINESS

STATE TAX ID (UBI) NUMBER

NUMBER OF EMPLOYEES (FULL-TIME EQUIVALENTS)

HOW MANY WINDOW OR EXTERIOR SIGNS (excluding Temporary Signs) DOES THIS BUSINESS HAVE?

WERE THE REQUIRED PERMITS OBTAINED FOR EACH BUSINESS SIGN?

***(If not, please apply for sign permit at City Hall)***

Business Owner Signature Date

**REQUIRED INSPECTIONS**:

[ ]  BUILDING INSPECTOR

[ ]  HEALTH DEPT

[ ]  WATER DEPT

[ ]  GREASE TRAPS

[ ]  ZONING

[ ]  WASTEWATER SYSTEM DISCHARGE

Approval Signature Date

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***