

## Childcare Business Start-up Application

### Applicant Information

Please complete the following information. All information that you provide will remain confidential.

Name:		Date:
Address:		
City:	State:	Zip Code:
Phone:		

### Business Information for New Business Start-up

Name of business		Type of business	
Address of business			
City	State	Zip Code	County
Phone Number (if different than personal)		Email (if different than personal)	

Printed Name:	Date:
Signature:	