



**CITY OF ALBUQUERQUE
ZONING ENFORCEMENT DIVISION
APPLICATION FOR FAMILY DAYCARE
HOME OCCUPATION**

PLEASE TYPE OR PRINT. COMPLETE ALL SECTIONS.

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE 1: _____

PHONE 2: _____

FAX: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How many children, including your own under the age of six, will be provided care at the above location? _____
(NOTE: If this answer is seven or more, a special exception, conditional use approval is required).
2. How many children under the age of six reside at the above location? _____
3. Will there be anyone other than yourself providing care for the children? YES NO
If yes, explain: _____

4. Will there be a sign on your property advertising this business? YES NO
If yes, please describe (size, location, illumination): _____

5. What is your state tax ID (CRS) number? _____

I UNDERSTAND THAT THE GRANTING OF THIS LICENSE IS DEPENDENT UPON ME ABIDING BY ALL REGULATIONS OF THE COMPREHENSIVE ZONING ORDINANCE (ARTICLE XIV, AND CHAPTER 7 OF THE REVISED ORDINANCES OF ALBUQUERQUE, NEW MEXICO, 1974) AND THAT THE INFORMATION STATED ABOVE IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

BY: _____ **DATE:** _____
APPLICANT SIGNATURE

OFFICIAL USE ONLY

ZONE: _____ MAP: _____

APPROVED: _____ DATE: _____

DISAPPROVED: _____ DATE: _____

COMMENTS: _____
