

Business License Number: _____
Date and Time Received: _____
By Whom: _____

**CITY OF BIRMINGHAM**  
**DEPARTMENT OF PLANNING, ENGINEERING & PERMITS**  
 710 20<sup>th</sup> Street, North  
 ROOM 500, CITY HALL  
 BIRMINGHAM, ALABAMA 35203

William A. Bell, Sr., Mayor

Andre V. Bittas, Director

Date of Application \_\_\_\_\_  New  Existing

(1) NAME OF FACILITY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

Are you the owner of the property listed above?  Yes  No If no, provide the following information:

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

(2) NAME OF APPLICANT/OPERATOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

(3) FACILITY PROPOSED:  
 FAMILY CARE HOME (1-6 children)  FAMILY GROUP CARE HOME (7-12 children)  
 CHILD CARE CENTER (13 or more)  ACCESSORY USE CHILD CARE CENTER  
 ADULT CARE  
 Accessory to: \_\_\_\_\_  
 (church, school, etc.)

(4) TOTAL NUMBER OF CLIENTS SERVED/PROPOSED AT FACILITY: \_\_\_\_\_

(5) LIST DAYS AND HOURS OF OPERATION  
 \_\_\_\_\_

(6) EMPLOYEES

Family care providers must provide substitute employee and alternate employee information:

Name	Address
_____	_____
_____	_____

Family Group care providers must provide substitute, alternate, full time and part time employees' information:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

(7) FAMILY CARE HOME or FAMILY GROUP CARE HOME must list resident children 6 years of age or younger:

Name	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By my signature below, I hereby certify that all of the information provided on this application is true and correct. I understand that no changes in the operation of this facility may be made without approval of the Department of Planning, Engineering and Permits. I also understand that this application and Zoning Certificate of Operation, if granted, are not transferable.

Operator/Provider: \_\_\_\_\_

\_\_\_\_\_ Date

Property Owner's Approval \_\_\_\_\_

\_\_\_\_\_ Date

