

Home Business Application

For Home Childcare or Preschool

HOMEOWNER INFORMATION

Date: _____ Lot #: _____
 Name (s): _____
 Property Address: _____
 Property Type (check one): Single Family ____ Townhome ____ Condo ____
 Telephone: Home: _____ Cell: _____
 Email: _____

INFORMATION ABOUT PROPOSED BUSINESS

Business Name: _____
 South Jordan City License #: _____ Expiration Date: _____
 Utah License for Child Care #: _____ Expiration Date: _____
Note: Copies of both licenses must be submitted with this application
 Days/Hours of Operation: _____
 # employees: _____ # children,: _____
Note: Employees are limited to two per unit, including the business owner, and children must not exceed eight.
 # children daily: _____ # children weekly: _____
 # drop off/pick up daily: _____ # drop off/pick up weekly: _____
 Square Footage of Unit: _____

Will business be conducted outside the home (backyard, front yard, parks, etc.)?
Note: Children who are enrolled in the home child care or preschool, but are non-residents of Daybreak, may not use Daybreak amenities.
 yes _____ no _____ If yes, where? _____

EMERGENCY CONTACT INFORMATION

Name: _____
 Relationship to Applicant: _____
 Telephone: Home: _____ Cell: _____

APPLICATION ACKNOWLEDGEMENTS

- I understand this application is subject to the terms and conditions of the “Community Charter for Daybreak”, Chapter 7 “Use and Conduct”, Section 7.1 (a) and that this application will be reviewed accordingly.
- I understand that this application is subject to the terms and conditions of the “Home Childcare and Preschool Business Resolution”, resolution #2019-06, and must comply with the terms of this resolution.
- I understand this application does not authorize me to conduct business at my home until this application is approved by the Board of Directors of the Daybreak Community Association.
- I attest all information on this application is true and correct.

Signature of Applicant

Date

Business may not be in operation prior to Board approval

Please provide all *requested information, sign and return this form* with all supporting information to:

Keri Barrett: kbarrett@cmcnet.com

Or mail to

Daybreak Community Association
11274 South Kestrel Rise Road, Ste. F

DAYBREAK COMMUNITY ASSOCIATION USE ONLY

Date Received: _____ Date Reviewed: _____

Reviewer: _____ Recommend BOD Approved: Yes / No

Date Reviewed by Board of Directors: _____

Approved/Denied by Board of Directors: _____

Approved with conditions? Yes / No If yes, please add condition to comments.

Comments: _____
