

FAMILY DAY CARE HOME OCCUPATION LICENSE

Per *Des Moines Municipal Code, 18.04.271*, “family day-care provider” means a licensed day-care provider who regularly provides day-care for not more than 12 children in the provider’s home in the family living quarters.

A family day-care provider home facility is a permitted use in residential zones, subject to the following conditions:

- The family day-care provider is currently licensed by the State of Washington Department of Social and Health Services and adheres to all licensing standards.
- The family day-care provider must obtain a business license under ***DMMC 5.04***.
- Family day-care services are provided in a residential dwelling exclusively in the family living quarters.
- The structure in which family day-care services are provided complies with all building, fire, safety, and health codes.
- Signs identifying the residence as a family day-care provider are prohibited.
- The Washington state Department of Social and Health Services certifies that there are adequate child drop-off and pick-up areas.
- Hours of operation are limited to 6 a.m. to 9 p.m.
- Prior to licensing, the family day-care provider provides written notification to immediately adjoining property owners of the provider of the intent to locate and maintain the facility in order to provide the Washington State Department of Social and Health Services an opportunity to provide a forum to resolve any dispute.

Administrative Guidelines Applied to License Review:

1. In order to minimize the impacts of parked vehicles, home occupations which involve clients, customers or employees coming to the home shall have sufficient parking on site and/or on the street immediately in front of the site. In determining the availability of parking space, the City will consider the number of vehicles existing on the site during the hours of business operation in addition to those coming to the site. Also considered will be the suitability of the site and/or street to safely accommodate parked vehicles.

2. In order to minimize traffic impacts, home occupations shall generally have no more than eight (8) clients, customers, employee, noncommercial deliveries, or combination thereof, coming to the site each day.

3. In order to minimize the intrusion of commercial vehicles into residential neighborhoods, home occupations shall have no more than one delivery per week by commercial vehicles.

Helpful Information for Completing Your License Packet

Contact the Washington State Department of Social and Health Services, office of Child Care Policy at 253-372-6067. The City will not issue your license until you can produce a copy of the State license.

Your parcel ID number is located on your property tax statement.

Business licenses expire December 31st of the year issued. Failure to renew your license by February 15th of the following year results in a 100% late penalty. We will send a renewal notice to your mailing address by December 15th. If you have not received it by January 1st, please contact the City Clerk’s office to confirm your mailing address.

Please print the following application form, complete the required information and mail, or bring in to the City Clerk’s office with the appropriate fee of \$30.00. **REMEMBER**, an incomplete application will delay the processing of your license. Be sure to carefully review your application prior to submittal.



City of Des Moines
21630 11th Avenue South
Des Moines, WA 98198

Family Day Care Home Occupation License Application

New Application Change in Location Late Renewal

Name of Business _____

Business Location _____

Mailing Address _____

Business Phone _____ Parcel ID # _____

Number of Children _____ Ages of Children _____ Hours of Operation _____

Will more than two (2) parking spaces be required? No Yes If yes, how many? _____

Washington State Dept. of Social & Health Services License # _____

Expiration Date: _____ (Please remember that you must furnish the City a copy of this license.)

Officers of Business

1) Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

2) Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

I hereby attest that I have not had a similar license revoked and have not operated without any required license(s) in any jurisdiction within a one-year period prior to the date of making this application for a license. I understand that I am responsible for notifying the City Clerk's office of any change in the status of my business as well as any new mailing addresses. I further declare under penalty of perjury that the information provided on this application is true and accurate. I understand my place of business must comply with all federal, state, and local codes and ordinances.

Applicant's Signature* Renter Owner Title _____ Date _____

If applicant is renting, this application must be signed by owner of home: _____

Home Owner's Signature

FEE: \$30.00 (NOTE: After October 1st \$15.00)

Office Use Only

Business Name _____ Date Submitted _____

Application is Approved Denied

Comments _____

Signature

Title

Date