

**EASTERN IDAHO PUBLIC HEALTH DISTRICT**  
**APPLICATION FOR CHILD CARE FACILITY**  
**STATE LICENSE**

Facility Name:		Provider Name:		
Address:		Phone Number:		
Mailing (if different):		E-mail Address:		
Circle Type:	Family (6 or less kids) Group (7-12 kids) Center (13+ kids)	Licensed Only	ICCP/Licensed	# Children_____

<b><u>FEES:</u></b>	FAMILY/GROUP	\$100.00
	CENTER	\$175.00

**PROCESS:**

Submit application: Obtain and fill out application. Applications cannot be processed without payment of fee. Applications can be found at [www.idaho.gov/phd7](http://www.idaho.gov/phd7)

***NO PAYMENTS CAN BE TAKEN IN THE FIELD.***

1. Mail or bring in application: Mail application and fees directly to the Idaho Falls Office:

EASTERN IDAHO PUBLIC HEALTH DISTRICT  
 ENVIRONMENTAL SECTION  
 1250 HOLLIPARK DRIVE  
 IDAHO FALLS ID 83401

2. Inspection: Environmental Health Specialist will call and schedule inspection time.

Receipt #:                      Fee: \$                      Date Pd:     /     /