

*City of Brookland
613 Holman St.
Brookland, AR 72417
PHONE: 870-935-0538*

IN-HOME DAY CARE APPLICATION GUIDE

REQUIREMENTS:

1. Residential Home Day Care operations shall be operated by the resident of the structure.
2. Residential Home Day Care operations shall be operated on a lot meeting city codes and State of Arkansas licensing regulations. All portions of the lot used for outdoor play space shall be fenced with an opaque fence six feet in height.
3. The dwelling shall meet all city, county, and state health department requirements as to safety, design, facilities, equipment, and other features and the facility shall be operated in such a manner that it will not adversely affect other properties in the area.

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IN-HOME DAY CARE APPLICATION

Property Owner
Name/Signature: _____

Spouse
Name/Signature: _____

Property Address: _____

Legal Description: _____

Zoning: _____

The undersigned property owner designates the following agent or attorney to represent the applicant at all hearings:

Name	Address	City	State	Phone No.
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Property Owner Mailing Address

City

State

Zip

Phone: _____