

PROVIDER ATTESTATION – ACKNOWLEDGEMENT OF RESPONSIBILITY TO COMPLY WITH ZONING-BUILDING CODE/HOME OWNERS ASSOCIATION/LANDLORD

Applicant of	
attest that I understand that I am responsible approvals from the local government entity (office), Home Owner's Association (if application other interested entity prior to operating every by the Department of Children and Families (Care Facility, Family Day Care Home, or Large	including the zoning-building code able), landlord (if applicable), and any in though a license has been issued (the "Department") to operate a Child
I also understand that the Department's issuance of a license is not proof that I have obtained the necessary and required consents and/or permits that may be required for operation of my business from the local government entity, HOA, Landlord, and/or other interested entity.	
I also acknowledge and agree that if I am issued a license to operate a Child Care Facility, Family Day Care Home, or Large Family Child Care Home by the Department without the necessary approval(s), I will not hold the Department liable if the local government entity, HOA, Landlord, and/or other interested entity imposes a fine or closes my business for noncompliance with their requirements.	
Provider Signature	Date

By signing below, I_____