



CITY OF FRUITA  
CHILD CARE BUSINESS LICENSE ATTACHMENT

Please complete the form below and return with your business license application or business license renewal form to the City of Fruita at 325 E Aspen, Fruita, Co, 81521, Attn: Deputy City Clerk.

Business Name:	
Mailing Address:	
City, State, Zip	
Phone #	
Owner's Name:	
Owner's Address:	
City, State, Zip	

1. Are you currently licensed as a child care provider with the State of Colorado Department of Human Services? (please circle one):    Yes            No

2. How many children (not including your own) under the age of 13 do you care for at maximum capacity?    \_\_\_\_\_

3. How many children (that are your own) under the age of 13 are under your care?  
\_\_\_\_\_

**City of Fruita Office Use Only**

Date Received	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
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Code Enforcement Signature: \_\_\_\_\_