



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

**By signing below, I _____
Applicant of _____,
attest that I understand that I am responsible for obtaining any required
approvals from the local government entity (including the zoning-building code
office), Home Owner’s Association (if applicable), landlord (if applicable), and any
other interested entity prior to operating even though a license has been issued
by the Department of Children and Families (the “Department”) to operate a Child
Care Facility, Family Day Care Home, or Large Family Child Care Home.**

**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