



LANDLORD'S PERMISSION

(Name) (Address) (City) (Zip)

has my (our) permission to care for _____ child(ren) and/or _____ adults
as a licensed

Family Day Care Provider

Child Foster Care Provider

Adult Foster Care Provider

in addition to their own family members.

By giving this permission a Deputy State Fire Marshal or State Fire Marshal
locally approved inspector may do an inspection of your entire building.

You, the owner of the building, will be responsible for any corrections that
are needed whether or not the applicant follows through with licensure.

Landlord's Signature Date

Print Name

Address

Telephone Number