



City of Pompano Beach Business Tax Receipt Office

Family Day Care Home Affidavit

State of Florida}
County of Broward}

I _____ am the _____
Name (Print) Title

of the business known as _____ located
at _____ in the City of Pompano Beach, Florida. I
acknowledge that I have received, read and understand the City of Pompano Beach Zoning
Ordinance pertaining to large family child care homes and home occupational businesses as
defined in section **155.003** and which provides certain limitations including but not limited to:

1. **Occupational activities shall not be obnoxious or offensive.**
2. **The occupation activities shall not occupy more than 1/4 of the area of one floor of the main living unit.**
3. **There shall be no external activity or evidence of the occupation.**
4. **The business owner will obtain all necessary governmental permits and approvals prior to obtaining a Business Tax Receipt from the City of Pompano Beach.**
5. **The number and age of children being cared for in the family day care home will be one of the following:**
 - o **Maximum of 4 children age 0-12 months, or**
 - o **Maximum of 3 children age 0-12 months and other children for a maximum total of 6 children, or**
 - o **Maximum of 6 preschool children over 12 months of age, or**
 - o **Maximum of 10 children, if no more than 5 are preschool age and of those 5 no more than 2 are under 12 months of age**

I further acknowledge that I must obtain all necessary government approvals, prior to operating this
business in a different manner than that defined in section **155.003** and its limitations listed above.

Signature: _____

SWORN TO AND SUBSCRIBED before me this ____ day of
_____ 20 ____, in Pompano Beach, Broward County, Florida.

Notary Public
Seal of Office

Notary Public, State of Florida
___ Personally Known
___ Produced Identification
Type of Identification Produced: