



City of Pompano Beach
Department of Development Services
Business Tax Receipt Division

100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4668 / 954.786.4633 Fax: 954.786.4666

Affidavit:
Family Child Care Home

State of Florida}
County of Broward}

I _____ am the _____ of the business known as
(Print Name) (Title)

_____ located at _____ in the City of Pompano Beach, FL.
(Business Name) (Address)

I acknowledge that I have been advised of and understand the provisions of the City of Pompano Beach
Zoning Code Section 155.4303.M, pertaining to Family Child Care Home. Further, I agree that the business
listed above shall be conducted in compliance with Zoning Code Section 155.4303.M, and as well as all city
code requirements.

Zoning Code Section 155.4303.M

"A family child care home is an occupied residence in which child care is regularly provided for
compensation (e.g., payment, fee, or grant)—whether or not operated for profit—for children that come
from at least two unrelated families and fall within one of the following groups:

- a. Up to four children, where all are under 12 months old;
b. Up to six children, where no more than three are under 12 months old.
c. Up to six children, where all are preschool age (from 13 months to 5 years old); or
d. Up to ten children, where no more than two are under 12 months old and no more than five are
preschool age.

The numerical limits above apply throughout the year, and the children counted include those children under
13 years old who are related to the caregiver. A family child care home does not include use of a private
residence for an informal cooperative arrangement among neighbors or relatives, or the occasional care
of children (with or without compensation)."

BEFORE ME, the undersigned authority, personally appeared _____(PRINT NAME) who
after being duly sworn, deposes and says: That I am the person whose signature appears below, and that
the information I have provided above in this document is true and correct.

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

(Print Name of Notary Public)

_____ Personally Known

_____ Produced Identification

Type of identification Produced: _____