



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



By signing below, I _____
Print Provider Name

Applicant of _____
Print Provider Name or Fictitious

attest that I understand that I am responsible for obtaining any required approvals from the local government entity (including the zoning-building code office), Homeowner’s Association (if applicable), landlord (if applicable), and any other interested entity prior to operating, even though a license has been issued by the Pinellas County License Board (PCLB) to operate a Family Child Care Home, or Large Family Child Care Home.

I also understand that PCLB’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 Family Child Care Home, or Large Family Child Care Home by PCLB without the necessary approval(s), I will not hold PCLB 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