CARE-GIVER FACILITY
SCHOOL DISTANCE REQUIREMENT
AFFIDAVIT

State of _____)
)
County of _____)

I, _____

do hereby state and affirm that there are no elementary, middle or high school, or any athletic facilities associated with such schools, regardless of the jurisdiction in which the school is located within 1000 feet of:

_____ located at

_____.

_____
Applicant's Signature

Subscribed and sworn to before me this ____ day of _____, 20____.

_____
Notary Public

My commission expires: _____.