

DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION

APPLICATION FOR A CHILD CARE LICENSE

<u>FOR DCDEE USE ONLY</u>	
ID#	_____
COUNTY NO.	_____
PAGE	_____ OF _____

APPLICATION – FACILITY PROFILE

Profile Page Instructions:

- Complete this form neatly in ink
- Be sure to sign and date the form
- Incomplete or incorrectly completed forms will be returned to you

1. Owner Name: _____

2. Facility Name: _____

3. Facility Mailing Address: _____
STREET/PO BOX CITY STATE ZIP CODE

4. Facility Phone Number: (____) _____ - _____ Land Line/ Published Unpublished Cellular Phone

5. Location Address: _____
STREET CITY ZIP CODE COUNTY

6. Ownership Type: Individual Owner Corporate Owner Government

7. Facility Contact Person *(if different from applicant)*: _____

Date of Birth (if applicable) _____ Phone Number: (____) _____ - _____

Email Address: _____ Cell Phone Number: (____) _____ - _____

Fax Number: (____) _____ - _____

8. Requested Age Range: _____

9. Hours of Operation: _____ to _____ Days of Operation: _____

10. Types of care to be provided: Full Day Part Day School-age Only Preschool Only
 First Shift Second Shift Third Shift Preschool and School-age

11. Type of Building New Construction Purchasing Existing Child Care Operation
 Renovating Building for Child Care Other _____

12. Type of Facility Family Child Care Home Drop-in Center in a Residence
 Center Religious Sponsored (GS-110) Summer Day Camp

13. Proposed Opening Date: _____ Did you attend a Prelicensing Workshop? Yes No
 If yes, please list the Prelicensing Workshop Date _____ City _____ County _____
 If no, select reason: Pending Current Owner DPI Location Change

14. Proposed Number of Children to Be Served: _____

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APPLICATION – FACILITY PROFILE (CONTINUED)

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Type of Business Operation

Check only one box:

- Sole Proprietorship:** A business owned and operated by one person for profit
- General Partnership:** Two or more people who carry on a business as co-owners for profit.
- Limited Partnership:** Consists of two or more people who jointly own or operate a business for profit. It is similar to a general partnership except that one or more partners have limited liability and no rights to management. A limited partnership must have at least one general partner.
- Limited Liability Company:** A business entity created by Statute. Owners are called members. One or more members are required to organize a limited liability company. Management of the business of the Limited Liability Company is vested in its managers.
- Corporation:** An organization formed under state or federal law. It is an artificial entity legally separated from its owners.
- Non-Profit Corporation:** A corporation intended to have no income or intended to have income, none of which is distributable to its members, directors, or officers.
- Government:** A program operated by city, county, state, or a federal entity.

HAVE YOU, OR ANY OTHER PERSON LISTED ON THIS APPLICATION, PREVIOUSLY OPERATED A CHILD CARE FACILITY?

- Yes No This applies to any child care facility in the US, including military installations.

If yes, list facility name, ID# and location: _____

DO YOU CURRENTLY HAVE A CHILD CARE LICENSE FOR ANOTHER LOCATION?

- Yes No

If yes, list facility name, ID# and location: _____

I ATTEST, UNDER PENALTY OF PERJURY, THAT I AM (CHECK ONE OF THE FOLLOWING):

- A citizen of the United States
- A non-citizen national of the United States
- A lawful permanent resident (Alien # _____)
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date if applicable)
- Other, please explain _____

Proof of residency must be verified by providing documentation such as a birth certificate, U.S. passport, Certificate of Naturalization, or U.S. Citizen Identification Card.

I hereby certify that I do not habitually use alcoholic beverages to excess nor use illegal narcotics or other impairing drugs I certify that I have given true, accurate and complete information on this form to the best of my knowledge and I authorize investigation of all statements made on this form. I understand that failure to provide true accurate and complete information may result in denial, revocation, or summary suspension of my license.

Signature of Applicant

Date

FOR DCDEE STAFF USE ONLY DATE RECEIVED: ____ / ____ / ____ CONSULTANT NAME: _____

DATE OF FINAL REVIEW: ____ / ____ / ____ CONSULTANT NAME: _____

DATE REVIEWED BY SUPERVISOR: ____ / ____ / ____ SUPERVISOR NAME: _____