



APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

DATE OF APPLICATION: _____

Instructions: All information on this application must be truthful and correct. Complete this application in its entirety, as appropriate. An incomplete application will not be accepted. Please contact Child Care Licensing and Enforcement ("CCLE") if there are any questions relating to this application.

***FOR LICENSE RENEWAL ONLY:** Renewal of a license is contingent upon the payment of any administrative fines previously imposed upon the license that was either not contested or upheld on appeal following the conclusion of all available legal remedies. If, at the time of submission of this application for license renewal, there is a pending administrative hearing, or other appellate action, relating to the imposition of an administrative fine, it shall not affect the renewal of the license.

SECTION 1: FACILITY INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)

Application Type: Initial *Renewal Revision of Existing License, list changes: _____
 Change of Location Change of Director (complete sections 1, 5, and 6)

Name of Child Care Facility, as it is to appear on the license:	Telephone Number:
	Alternate Telephone Number:

Address of Child Care Facility (include city and zip code): _____

Mailing Address of Child Care Facility, if different (include City and zip code): _____

Official Facility E-mail Address: _____

License Number:	Licensed Capacity:	Fax Number:
-----------------	--------------------	-------------

SECTION 2: PROGRAM INFORMATION

Days and Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time:	_____	_____	_____	_____	_____	_____	_____
Closing Time:	_____	_____	_____	_____	_____	_____	_____

Ages in care: Infants 0-1 Age 1 Age 2 Age 3 Age 4 Age 5 Ages 5 and up

Months of Operation: School Year Only 12 months Other _____

<p>Check all service options that apply:</p> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Drop-In <input type="checkbox"/> Night Care <input type="checkbox"/> After School <input type="checkbox"/> Before School <input type="checkbox"/> Weekend Care <input type="checkbox"/> Infant Care <input type="checkbox"/> Food Served <input type="checkbox"/> Summer Care <input type="checkbox"/> Swimming Pool on site: <input type="checkbox"/> Yes <input type="checkbox"/> No Transportation provided by Child Care Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Transportation provided by Leasing Company? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Leasing Company: _____	<p>Program operated as:</p> <input type="checkbox"/> Child Care Facility <input type="checkbox"/> Before and After-School Only <input type="checkbox"/> Drop-In Child Care Facility Only <input type="checkbox"/> Other _____
---	---

SECTION 3: REAL PROPERTY INFORMATION	
Owner of Real Property on which the Child Care Facility is located:	Telephone Number:
Property Owner's mailing address:	

SECTION 4: OWNERSHIP TYPE (Check one box only)		
<input type="checkbox"/> Corporation or Limited Liability Company	Provide Corporation/LLC Documentation	Complete Section 4A ONLY
<input type="checkbox"/> Individual Ownership/Partnership – Not Incorporated	Provide Partnership Documentation	Complete Section 4B ONLY
<input type="checkbox"/> Other Entity – Not Incorporated	e.g. Local Government, Parks and Recreation, or Faith Based	Complete Section 4C ONLY

SECTION 4A: CORPORATION or LIMITED LIABILITY COMPANY	
Name of Corporation/Company:	SunBiz Document Number:
Address of Corporation/Company:	Incorporated/Organized in which US State:
	If out of state, is the corporation/company registered in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No, If no, please register prior to submitting the application.
Designated Representative:	

Board Member Information – attach additional pages if necessary			
First and Last Name:		Title:	
Street Address:	State:	Zip:	County:
Background Screened: Circle YES or NO	Clearinghouse Eligibility Date:	Percentage of Ownership of Child Care Facility:	

Board Member Information			
First and Last Name:		Title:	
Street Address:	State:	Zip:	County:
Background Screened: Circle YES or NO	Clearinghouse Eligibility Date:	Percentage of Ownership of Child Care Facility:	

Board Member Information			
First and Last Name:		Title:	
Street Address:	State:	Zip:	County:
Background Screened: Circle YES or NO	Clearinghouse Eligibility Date:	Percentage of Ownership of Child Care Facility:	

SECTION 4B: INDIVIDUAL OWNERSHIP OR PARTNERSHIP – NOT INCORPORATED. If a Partnership, attach copy of Partnership Agreement, and complete below for each owner. Attach additional sheets if more than two (2) partners.

Individual Owner or Partner #1 Name:	
Home Address:	
Telephone Number:	Date of Birth:
Partner #2 Name, if applicable:	
Home Address:	
Telephone Number:	Date of Birth:

SECTION 4C: OTHER ENTITY – NOT INCORPORATED

Name of Entity:
Entity's Designated Representative (First and Last Name):
Address of Entity:
Telephone Number:

SECTION 5: ON-SITE DIRECTOR INFORMATION – To be completed by all applicants: An on-site director holds a Director Credential, is responsible for the day-to-day operation of the child care facility, and is required to be on-site the majority of operating hours. A multi-site director holds a Director Credential and supervises multiple before-school and after-school programs for a single organization as follows: (a) Three sites regardless of the number of children enrolled, or (b) more than three sites, if the combined number of children enrolled does not exceed 350.

First and Last Name:	
Home Address:	
Telephone Number:	Date of Birth:
If applicable, name of multi-site programs and number of children enrolled: <hr/> <hr/> <hr/> <hr/>	
Have you ever used or been known by any other name? If so, please state in full each name used or by which you have at any time been known and the reasons for each name, i.e. maiden name. <hr/> <hr/>	
Director Credential Number: _____ Expiration Date: _____	

SECTION 6: ATTESTATION (To be completed by all applicants)

Have you or anyone identified on this application as an owner under Section 4 ever held a license (child care, foster care, cosmetology, etc.) with any state agency in any capacity other than a driver's license?

Yes No If Yes, where, what type of license, license number, and under what name?

Has the owner, applicant, or director ever had a child care facility or family child care home license, permit, or registration denied, revoked, or suspended in any state or jurisdiction, been the subject of a disciplinary action, or been fined while employed in a child care facility?

Yes No If Yes, please explain: (attach additional sheet(s) if necessary)

- Pursuant to Section 402.3054, F.S., child enrichment service providers shall be of good moral character based upon screening, using level 2 standards set forth in Chapter 435, F.S. If a child enrichment service provider is utilized, the director of the child care facility must ensure that the child enrichment service provider is screened accordingly, and written consent is obtained from parents/guardians prior to a child participating in activities conducted by the child enrichment service provider.
- The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature on this application indicates that you agree to comply with the requirements of HIPAA by protecting the confidentiality of employee and children's health/medical records in your possession.
- Pursuant to s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act." Your signature on this application indicates acknowledgement of receipt of such information
- In accordance with s. 402.319(3), F.S., each child care facility must annually submit an affidavit of compliance with the provisions of s. 39.201, F.S., regarding the requirements of a mandated reporter. By signing below, I, _____, applicant of _____ Child Care Facility, do hereby affirm that all child care personnel are in compliance with s. 39.201, F.S.
- Pursuant to section 435.05(3), F.S., each employer must attest via signed attestation compliance with the provisions of Chapter 435, F.S. regarding the statutory requirements for background screening. By signing below, I _____, applicant of _____ Child Care Facility, do hereby affirm that all child care personnel meet the statutory requirements for background screening.
- Falsification of any information in this application is grounds for denial or revocation of the license to operate a child care facility. Your signature on this application indicates your understanding and compliance with this law.

Under penalty of perjury, I hereby attest that, to the best of my knowledge and belief, the information contained in this application is truthful and correct. This application maybe withdrawn at any time the applicant so desires.

Signature of Owner or Designee

Date

Do Not Write Below This Line – Official Use Only

CUSTOMER SERVICE REPRESENTATIVE				
Date Application Received:	Date Fee Received:	Amount of Fee:	Check Number:	Received by:
Notes:				
Sexual Offender Address Cross-Reference: http://offender.fdle.state.fl.us	Date of Search:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No	Conducted by:	
Notes:				

CHILD CARE LICENSING SPECIALIST		
Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Review:	Reviewed By:
Notes:		

CHILD CARE LICENSING SUPERVISOR	
Supervisory Approval Signature:	Date Approved:
Notes:	

DIRECTOR'S WORK SCHEDULE

(to be returned with your relicensing packet)

Name of Facility: _____

License Number: _____

Director's Name: _____

(Please print legibly)

Work Schedule

DAY OF THE WEEK	TIME DIRECTOR ARRIVES	TIME DIRECTOR LEAVES
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Director's Signature: _____

Date this schedule was completed: _____