



**APPLICATION FOR A LICENSE
TO OPERATE A SCHOOL AGE
CHILD CARE FACILITY**

NEW _____
 *RENEWAL _____
 CHANGE OF OWNERSHIP _____
 CHANGE OF ADDRESS _____
 REVISION OF EXISTING LICENSE _____

Instructions: All information on this application must be truthful and correct. This two (2) page application must be completed in its entirety. An incomplete application will not be accepted. Please contact the licensing agency if there are any questions relating to the completion of this application.

*** FOR LICENSE RENEWALS ONLY:** Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license, that was not contested, or that was affirmed at an administrative hearing. If at the time of this license renewal application there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.

FACILITY INFORMATION

Name of Facility as it is to appear on license:			Telephone Number ()
Street Address of Facility (do not enter P.O. Box)	City	County	Zip Code
Mailing Address of Facility, if different			
Is this facility located in or adjacent to the home of the owner/operator? Yes _____ No _____ If yes, all household members must be identified and background screening completed. Please attach a list of family members, with their name and date of birth.			
Max. Capacity: _____		E-Mail Address (if applicable):	
Gold Seal Accredited? Yes <input type="checkbox"/> No <input type="checkbox"/>		Hours to be Open: From: To: Days of week/months open	
Name of Accrediting Association: _____			
Check all additional service options that apply:			
Full Day <input type="checkbox"/>	Before School <input type="checkbox"/>	Night Care <input type="checkbox"/>	Transportation <input type="checkbox"/>
Drop-In Care <input type="checkbox"/>	Half Day <input type="checkbox"/>	After School <input type="checkbox"/>	Weekend Care <input type="checkbox"/>
		Food Served <input type="checkbox"/>	Infant Care(age 0-1) <input type="checkbox"/>

APPLICANT INFORMATION

This application must be completed by the owner, the designated representative of the owner, or prospective owner.			
Name of Applicant: First: _____ Middle(Maiden): _____ Last: _____			
Check One: Owner _____ Designated Representative _____ (Applicable to corporations only. The designated representative must be the onsite director, responsible for the day to day operation of the facility)			
Position or Title: _____		Role in Facility: _____	
Applicant's Home Address (P.O. Box or Street)	City	County	Zip Code
Applicant's Telephone Number ()	Applicant's Date of Birth	Applicant's Social Security Number*	

ON SITE DIRECTOR INFORMATION

Name of Director: First: _____ Middle(Maiden): _____ Last: _____			
Directors' Home Address(P.O. Box or Street)	City	County	Zip Code
Directors' Telephone Number ()	Directors' Date of Birth		

* Pursuant to Chapter 435, F.S., the Department requires owners to give their Social security number for the purposes of background screening. Social security numbers are used by the department for identity verification only.

LEGAL OWNERSHIP OF CHILD CARE FACILITY

Complete One Box Only-Type or Print Legibly

INDIVIDUAL					
Name: First: _____ Middle(Maiden) _____ Last: _____					
Role in Child Care Facility Operation (please specify involvement with facility): _____					
Address (P.O. Box or Street)	City	County	Zip Code		
Telephone Number ()	Date of Birth	Social Security Number*			
PARTNERSHIP(Attach a copy of the Partnership Agreement)					
Name: _____		Date of Birth: _____		Social Security Number*:	
Role in Child Care Facility Operation (attach additional sheets if necessary): _____					
Address (P.O. Box or Street)	City	County	Zip Code	Telephone Number ()	
Name: _____		Date of Birth: _____		Social Security Number*:	
Role in Child Care Facility Operation (attach additional sheets if necessary): _____					
Address (P.O. Box or Street)	City	County	Zip Code	Telephone Number ()	
CORPORATION(Attach the most current copy of the Articles of Incorporation)					
Name: _____					
Address (P.O. Box or Street)	City	County	State	Zip Code	Telephone Number ()
Corporate # _____ Incorporated in which state? _____ If out of state, is the corporation registered with the Florida Secretary of State? Yes _____ No _____ All corporations must include a current Certificate of Status (domestic corporation), or a current Certificate of Authorization (foreign corporation) with this application. Failure by any corporation to comply with all requirements under Chapter 607, Florida Statutes, are grounds for revocation of this license.			Attach a list of Director's names, title/office, address, and telephone number. Also attach the street address of the corporation's registered office, and the name and telephone number of the corporation's registered agent. Failure to continuously maintain a registered office and/or a registered agent in Florida is grounds for revocation of this license.		

Has the owner, applicant or director ever had a license denied, revoked, or suspended in any state or jurisdiction or 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): _____

Have you or anyone identified as a party to ownership ever held a license with any state agency in any capacity other than a driver's license? Yes ___ No ___ If yes, where and what type of license? _____

Prior to receiving a license, I, the owner and/or director and all known child care personnel, have submitted background screening information. Yes ___ No ___ If no, please explain (attach additional sheet(s) if necessary): _____

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA), 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 records in your possession.

Falsification of application information is grounds for denial or revocation of the license to operate a child care facility. I hereby attest that the information contained in this application is truthful and correct.

UNDER PENALTY OF PERJURY, I SWEAR AND AFFIRM THAT ALL THE INFORMATION GIVEN WITHIN THIS APPLICATION IS COMPLETE AND ACCURATE.

This application may be withdrawn at any time the applicant so desires.

APPLICANT'S SIGNATURE

Sworn to and subscribed before me this _____ day of _____ 20_____.

Form of Identification _____ Notary _____