



Child Care Licensing Application Form

(THIS APPLICATION MUST BE COMPLETED BY THE OWNER OR PROSPECTIVE OWNER, OR THE DESIGNATED REPRESENTATIVE OF THE OWNER OR PROSPECTIVE OWNER. TYPE OR PRINT IN INK.) THIS APPLICATION MUST BE TRUTHFUL AND CORRECT. AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.

FOR OFFICE USE ONLY
DATE REC. _____ AMOUNT REC. _____
CHECK # _____ INITIALS _____

TYPE OF APPLICATION:

- INITIAL
RENEWAL
CHANGE OF OWNERSHIP
CHANGE OF AGE
CHANGE OF NAME
CHANGE OF CAPACITY

PRESENT NAME _____

TYPE OF FACILITY: CCC [] SCHOOL AGE PROGRAM []

NAME OF FACILITY _____ PHONE # _____

STREET ADDRESS _____

CITY/TOWN _____ ZIP CODE _____

MAILING ADDRESS _____

CITY/TOWN _____ ZIP CODE _____

EMAIL ADDRESS _____

HOW WOULD YOU PREFER TO RECEIVE YOUR LICENSE (Please specify Only One)

E-MAIL: YES [] NO [] OR MAILED: YES [] NO []

Age Range of Children to be served: _____ to _____
Operational Month: _____ through _____
Days of Operation: _____ to _____
Hours of Operation: _____ AM/PM through _____ AM/PM
Accreditation (if yes attach copy of certificate) Yes [] No []
Transportation Yes [] No [] Drop In Yes [] No []
Half Day Yes [] No [] Before School Yes [] No []
Afterschool Yes [] No [] Weekend Care Yes [] No []
Night Care Yes [] No [] Food Served Yes [] No []

NAME OF APPLICANT _____ POSITION/TITLE: _____

ROLE IN CHILD CARE FACILITY OPERATION: _____

ADDRESS OF APPLICANT _____

ADDRESS CITY STATE ZIP CODE

PHONE NUMBER _____ DATE OF BIRTH: ____/____/____

OWNER OF REAL PROPERTY _____

ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP _____

OPERATOR OF FACILITY (Person with the Director Credential)

NAME: _____
FIRST MIDDLE (MAIDEN) LAST

ADDRESS CITY STATE ZIP PHONE

DATE OF BIRTH: ____/____/____

TYPE OF OWNERSHIP

INDIVIDUAL _____
CORPORATION _____
FIRM _____

PARTNERSHIP _____
ASSOCIATION/CHURCH _____
GOVERNMENT _____

1. **If owner is individual**, give full legal name. (If same as applicant, please indicate. It is not necessary to repeat same information).

_____/_____/_____
FIRST MIDDLE LAST DATE OF BIRTH

ADDRESS CITY STATE PHONE

Role in Child Care Facility Operation: _____

2. **If owner is partnership**, list name and address of every member. (Use supplemental sheet if necessary)

A. NAME: _____ DATE OF BIRTH: _____

ADDRESS COUNTY TELEPHONE

Role in Child Care Facility Operation: _____

B. NAME: _____ DATE OF BIRTH: _____

ADDRESS COUNTY TELEPHONE

Role in Child Care Facility: _____

(Use supplemental sheet if more space is needed)

3. **If ownership is corporation, firm, or association/church:**

NAME OF CORPORATION, FIRM, OR ASSOCIATION: _____

ADDRESS CITY STATE ZIP

List names and addresses of Board of Directors:

NAME (INDIVIDUAL) TITLE ADDRESS TELEPHONE

(Use supplemental sheet if more space is needed)

Have you, as an applicant for a childcare license, ever had an application for child care license denied, revoked, suspended, been fined, or been subject to disciplinary action while operating or employed in a child care facility or family child care home in any state or jurisdiction? Yes ____ No ____

"I acknowledge that I have been made aware of the State-mandated Radon testing requirements (FS404.056(4))."

In accordance with Chapter 402, Florida Statutes and Hillsborough County Ordinance, I do hereby affirm, under penalty of perjury, that all new caretakers, child care personnel have been fingerprinted pursuant to the statutory requirements, and the remaining child care personnel have worked at this facility or agency on a continuous basis since initially screened at this facility or agency. Furthermore, to my knowledge no childcare personnel is a habitually excessive user of alcohol or illegally uses narcotics or other impairing drugs. The above affirmation is true of myself.

In addition, I agree to notify the Hillsborough County Child Care Licensing Office of any change(s) in the information supplied above.

Falsification of application information is grounds for denial or revocation of the license to operate a childcare facility.

The information contained herein, to the best of my knowledge, is true and accurate and submitted under penalty of perjury.

Signature of Applicant _____

State of Florida
County of Hillsborough

The foregoing instrument was acknowledged before me

via physical presence OR online notarization
this _____ day of _____, 20_____.

By _____

Personally known OR produced identification

(Signature of Notary Public)

Type of Identification Produced: _____

(Print Name of Notary Public) Place Notary Stamp Above