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.

Type of Application:
- __ INITIAL
- __ RENEWAL
- __ CHANGE OF OWNERSHIP
- __ CHANGE OF AGE
- __ CHANGE OF NAME
- __ CHANGE OF CAPACITY

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)
E-mail:  YES  ____  NO  ____  OR  Mailed:  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

Continued on reverse side
ADDRESS    CITY  STATE  ZIP  PHONE

DATE OF BIRTH: ____/____/____

TYPE OF OWNERSHIP

INDIVIDUAL _____  PARTNERSHIP _____  CORPORATION _____  ASSOCIATION/CHURCH _____  FIRM _____

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 ___

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☐

Type of Identification Produced: _______________________

(Signature of Notary Public)

(State of Florida County of Hillsborough)

(Place Notary Seal Stamp Above)

(Print Name of Notary Public)