

ADDRESS

Department of Children's Services Child Care Licensing Division 3152 Clay Mangum Lane Tampa, Florida 33618

Telephone: (813) 264-3925 Fax: (813) 264-2118

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 ADDITION. | FOR | OFFICE USE C | INL I | |
|---|------------------------|--------------|-----------|----------|
| TYPE OF APPLICATION: | DATE REC. | AMOUNT | REC. | |
| INITIAL RENEWAL CHANGE OF OWNERSHIP CHANGE OF AGE CHANGE OF NAME PR | CHECK # | | | |
| CHANGE OF CAPACITY TYPE OF FACILITY: | CCC □ Se | CHOOL AGE P | PROGRAM □ | |
| NAME OF FACILITY | PHC | ONE # | | |
| STREET ADDRESS | | | | |
| CITY/TOWN | | ZIP CODE | Ξ | |
| MAILING ADDRESS | | | | |
| CITY/TOWN | | ZIP CODE | | |
| EMAIL ADDRESS HOW WOULD YOU PREFER TO RECI E-MAIL: YES NO | | | | - |
| Age Range of Children to be serve | | | | |
| Operational Month:t | hrough | | | |
| Days of Operation:to |) | | | |
| Hours of Operation:Al | M/PM through | AM/PM | | |
| Accreditation (if yes attach copy of | f certificate) Yes | No | | |
| Transportation YesNo | Drop In | Yes | No | |
| Half Day Yes No | Before S | chool Yes | No | |
| Afterschool Yes No _ | Weekend | l Care Yes | No | - |
| Night Care Yes No | Food Ser | ved Yes | No | _ |
| NAME OF APPLICANT | POSITIO | ON/TITLE: | | |
| ROLE IN CHILD CARE FACILITY OPER | ATION: | | | |
| ADDRESS OF APPLICANT ADDRESS | | CITY | STATE | ZIP CODE |
| PHONE NUMBER | DATE OF BIRTH | :/_ | | |
| OWNER OF REAL PROPERTY | | | | |
| ADDRESS | CITY/TO | WN | STATE | _ ZIP |
| OPERATOR OF FACILITY (Person with | the Director Credentia | 1) | | |
| NAME: | | | | |
| | DDLE (MAIDEN) | | LAST | |

CITY

STATE

ZIP

PHONE

| DAT | E OF BIRTH:/ | — TVDE OF (| WMEDCHID | | | | | |
|---|---|--|--|---|--|--|--|--|
| | INDIVIDUAL _ CORPORATION _ FIRM _ | PA | TYPE OF OWNERSHIP PARTNERSHIP ASSOCIATION/CHURCH GOVERNMENT | | | | | |
| 1. | If owner is individual, give information). | ual, give full legal name. (If same as applicant, please indicate. It is not necessary to repeat same | | | | | | |
| | FIRST | MIDDLE | LAST | DATE OF BIRTH | | | | |
| ADDI | RESS | CITY | STATE | PHONE | | | | |
| Role i | n Child Care Facility Operation | : | | | | | | |
| 2. | If owner is partnership, list | t 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: | | | | | | |
| В. | NAME: | DATE (| NE DIDTH. | | | | | |
| Б. | NAME: | DATE C | л віктн: | | | | | |
| | ADDRESS | | COUNTY | TELEPHONE | | | | |
| | Role in Child Care Facility: | | | | | | | |
| | J) | Use supplemental sheet if mo | re space is needed) | | | | | |
| 3. | If ownership is corporation | If ownership is corporation, firm, or association/church: | | | | | | |
| | NAME OF CORPORATION | NAME OF CORPORATION, FIRM, OR ASSOCIATION: | | | | | | |
| | ADDRESS | | CITY STA | TE ZIP | | | | |
| | ADDRESS | List names and ad | dresses of Board of Director | | | | | |
| | NAME (INDIVIDUAL) | TITLE | ADDRESS | TELEPHONE | | | | |
| | | | | | | | | |
| | 1) | Use supplemental sheet if mo | ore space is needed) | | | | | |
| fined, | | action while operating or em | | ense denied, revoked, suspended, y or family child care home in any | | | | |
| [] "I | acknowledge that I have been i | nade aware of the State-man | dated Radon testing requiren | nents (FS404.056(4))." | | | | |
| of per and th at this or ille In add inforn Falsifi | ordance with Chapter 402, Flor jury, that all new caretakers, chie remaining child care personne facility or agency. Furthermor gally uses narcotics or other implication, I agree to notify the Hills nation supplied above. Ication of application information formation contained herein, to | ild care personnel have been el have worked at this facility e, to my knowledge no childopairing drugs. The above aff borough County Child Care lon is grounds for denial or re- | fingerprinted pursuant to the v or agency on a continuous becare personnel is a habitually irmation is true of myself. Licensing Office of any chan vocation of the license to ope | statutory requirements, basis since initially screened excessive user of alcohol ge(s) in the erate a childcare facility. | | | | |
| Sign | ature of Applicant | | | | | | | |
| Count The for via this | of Florida y of Hillsborough oregoing instrument was acknow physical presence ORonlin_ day of | ne notarization | | | | | | |
| | nally known OR produced io | | (Signature of Not | ary Public) | | | | |
| Type | of Identification Produced: | | (Print Name of No | Place Notary Stamp Al | | | | |