



# Hillsborough County Florida

DEPARTMENT OF CHILDREN'S SERVICES  
CHILD CARE LICENSING DIVISION  
3152 CLAY MANGUM LANE  
TAMPA FL 33618  
TELEPHONE: (813) 264-3925  
FAX: (813) 264-2118

## SCHOOL AGE 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

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

PRESENT NAME \_\_\_\_\_

NAME OF FACILITY \_\_\_\_\_ PHONE # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Age Range of School Age 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 _____
Nightcare 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 \_\_\_\_\_ 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 child care 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 child care 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 child care facility.

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

**Signature of Applicant** \_\_\_\_\_

Who is personally known to me \_\_\_\_\_  
Who has produced identification \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public, State of Florida at Large \_\_\_\_\_

My Commission Expires \_\_\_\_\_