



Hillsborough County Florida

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

FAMILY CHILD CARE HOME PRE-APPLICATION
(TYPE OR PRINT IN INK)

Please send in this completed Pre-Application with the \$40.00 non-refundable fee in the form of a check or money order made payable to BOCC (Board of County Commissioners).

NAME OF APPLICANT: _____ D.O.B. _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE: _____ CELL: _____

FAX: _____ E-MAIL: _____

MAILING ADDRESS (IF APPLICABLE):

_____ CITY: _____ ZIP: _____

OWNER OF PROPERTY WHERE YOU LIVE: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WERE YOU PREVIOUSLY LICENSED AS A FAMILY CHILD CARE PROVIDER? YES _____ NO _____

IF SO: WHAT NAME WERE YOU LICENSED UNDER? _____

WHAT ADDRESS WERE YOU LICENSED AT? STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

WHEN DID YOU CLOSE YOUR FAMILY CHILD CARE HOME? _____

FAMILY MEMBER/OTHERS LIVING ON THE PROPERTY:

1. _____ RELATIONSHIP: _____ D/O/B: _____

2. _____ RELATIONSHIP: _____ D/O/B: _____

3. _____ RELATIONSHIP: _____ D/O/B: _____

4. _____ RELATIONSHIP: _____ D/O/B: _____

SIGNATURE OF APPLICANT _____ DATE _____

A confirmation letter will be mailed prior to your scheduled class date