

APPLICATION FOR A CHILD CARE CENTER LICENSE

(See Instructions on Back)

REPLY TO:

FOR DEPARTMENT USE ONLY

DISTRICT: _____
 COUNTY: _____ FACILITY NUMBER: _____
 DATE: _____ ACTION TYPE: _____
 REVIEWED BY: _____ FACILITY TYPE: _____

2. REQUESTED ACTION (CHECK ONE):

A. INITIAL APPLICATION E. CHANGE OF OWNERSHIP
 B. CHANGE OF CAPACITY F. CHANGE WITHIN CORPORATION
 C. CHANGE OF LOCATION G. OTHER (E.G., TODDLER OPTION,
 D. CHANGE OF FACILITY TYPE COMBINATION CENTER, ETC.)

1. APPLICANT(S) NAME(S) (please print)

3. APPLICANT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ AREA CODE/TELEPHONE () _____

4. APPLICATION FILED BY: A. INDIVIDUAL B. PARTNERSHIP C. NON PROFIT CORP. D. PROFIT CORP
 E. COUNTY F. OTHER PUBLIC AGENCY G. LIMITED LIABILITY COMPANY

5. FACILITY/AGENCY NAME _____ EMAIL (NOT REQUIRED) _____ AREA CODE/TELEPHONE () _____

6. FACILITY ADDRESS _____ CITY _____ COUNTY _____ ZIP CODE _____ ALTERNATIVE PUBLIC TELEPHONE () _____

7. MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

8. PERSON IN CHARGE OF FACILITY _____ TITLE _____

9. TYPE OF FACILITY

A. INFANT CARE CENTER D. CHILD CARE CENTER FOR MILDLY ILL CHILDREN
 CHECK HERE FOR TODDLER OPTION E. COMBINATION
 B. CHILD CARE CENTER (PRE-SCHOOL) (CHECK APPROPRIATE BOXES FOR COMBINATION CENTER)
 CHECK HERE FOR TODDLER OPTION F. OTHER (SPECIFY) _____
 C. SCHOOL-AGE CENTER

10. REQUESTED CAPACITY: AGE RANGE:

INFANT _____
 TODDLER OPTION _____
 PRESCHOOL _____
 SCHOOL-AGE _____
 MILDLY ILL _____
 TOTAL CAPACITY _____

11. IF PROVIDING CARE TO NON-AMBULATORY CHILDREN, CHECK HERE:
 NUMBER OF NON-AMBULATORY _____

12. DAYS AND HOURS OF OPERATION: (IF A COMBINATION CENTER IS CHECKED, ENTER DAYS AND HOURS FOR EACH COMPONENT.)

13. PROPERTY OWNERSHIP: OWN RENT OTHER (SPECIFY) _____

13A. IF RENTING OR LEASING, NAME, ADDRESS AND PHONE NUMBER OF PROPERTY OWNER,:

14. WAS FACILITY PREVIOUSLY LICENSED? YES NO IF YES, FACILITY NAME AND NUMBER: _____ LICENSING AGENCY NAME: _____

15. IS MAJOR CONSTRUCTION REQUIRED? YES NO DATE CONSTRUCTION TO BEGIN: _____ DATE TO BE COMPLETED: _____

16. SOURCE OF WATER FOR HUMAN CONSUMPTION PUBLIC PRIVATE

17. NAME AND FACILITY NUMBER OF OTHER COMMUNITY CARE, CHILD CARE, RESIDENTIAL CARE FACILITIES FOR THE ELDERLY, OR HEALTH FACILITIES LICENSED TO OR OWNED BY APPLICANT(S) WITHIN THE LAST FIVE YEARS;

A. _____ B. _____ C. _____
 D. _____ E. _____ F. _____

18. APPLICANT(S)/LICENSEE(S) RESPONSIBILITIES:

A. IN ADDITION TO COMPLYING WITH THE HEALTH AND SAFETY CODE AND REGULATIONS APPLICABLE TO LICENSING AND FIRE SAFETY, I/WE UNDERSTAND THAT THERE MAY BE OTHER STATE, FEDERAL AND/OR LOCAL LAWS WHICH ARE NOT ENFORCED BY THIS AGENCY BUT THAT MAY NEED TO BE MET, SUCH AS ZONING, BUILDING, SANITATION AND LABOR REQUIREMENTS.
 B. I/WE HAVE READ AND UNDERSTAND THE STATUTES AND REGULATIONS THAT PERTAIN TO MY/OUR LICENSING CATEGORY PRIOR TO THE ISSUANCE OF MY/OUR LICENSE.
 C. I/WE SHALL ENSURE THAT ALL PERSONS SUBJECT TO FINGERPRINT REQUIREMENTS SHALL HAVE A DEPARTMENT OF JUSTICE CLEARANCE OR A CRIMINAL RECORD EXEMPTION PRIOR TO EMPLOYMENT, RESIDENCE OR INITIAL PRESENCE IN THE FACILITY AS REQUIRED.
 D. I/WE SHALL ENSURE THAT ALL PERSONS SUBJECT TO FINGERPRINT REQUIREMENTS SHALL ALSO SUBMIT A CHILD ABUSE INDEX CHECK FORM TO THE DEPARTMENT OF JUSTICE.
 E. I/WE SHALL NOTIFY THE LICENSING AGENCY IMMEDIATELY IF A PERSON SUBJECT TO FINGERPRINTING REQUIREMENT, IS CONVICTED OF A CRIME AFTER EMPLOYMENT.
 F. I/WE SHALL OBTAIN APPROVAL FROM THE LICENSING AGENCY PRIOR TO MAKING ANY CHANGE(S) THAT AFFECT THE TERMS OF THE LICENSE.

19. I/WE UNDERSTAND THAT I/WE HAVE THE RIGHT TO APPEAL ANY DECISION REGARDING THE DISPOSITION OF THIS APPLICATION.
 20. I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION AND ON THE ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

SIGNED _____ TITLE _____ COUNTY WHERE SIGNED _____ DATE _____
 SIGNED _____ TITLE _____ COUNTY WHERE SIGNED _____ DATE _____

INSTRUCTIONS FOR APPLICATION FOR A CHILD CARE CENTER LICENSE

Type or print clearly. Prepare application in duplicate. Return original.

1. Applicant(s): Enter the name(s) of the person(s) or organization legally responsible for the facility. Enter full names. Individuals enter first, middle and last name. If joint application, all applicants must sign this application. Individuals, each partner, and chief executive officer or authorized representative of a firm, association, corporation, county, city, public agency or governmental entity must complete Applicant Information (LIC 215). Corporations and other organizations also complete Administrative Organization, (LIC 309).
2. Requested Action: Check appropriate box.
3. Applicant Address: Enter legal home address of individual(s) and headquarters address of corporations. Major partner enters principal business address. Other partners enter principal business address on Applicant Information (LIC 215). Enter area code with telephone number.
4. Application Filed by: Check appropriate box.
5. Facility/Agency Name: Enter the name used to designate the single facility under application. If an agency, fill in the name of the agency which provides the services and hyphenate the single facility name, e.g., YMCA-Peppertree Day Care School.
6. Facility Address: Enter the address of the physical location of the facility. If applicant has more than one facility, a separate application must be completed for each facility. Enter area code with telephone number.
7. Mailing Address: Enter the address where all mail from the department/licensing agency should be sent.
8. Person in Charge of Facility: Enter the name and title of person who will directly supervise the facility. If not yet employed, enter "Unknown."
9. Type of Facility: Check the appropriate box for type of facility as defined in California Code of Regulations, Title 22.
10. Requested Capacity and Age Range: Enter the total number of children and age range for whom care will be provided at any time.
11. Check box and enter number of non-ambulatory children for which you are providing care.
12. Days & Hours of Operation: Enter days and hours of operation of facility.
13. Property Ownership: Check the appropriate box.
- 13A. Control of Property: If applicant(s) is leasing or renting, enter name, address and phone of owner of facility premises.
14. Was Facility Previously Licensed? Check YES or NO. If yes, enter facility name, number and name of agency which issued license(s).
15. Is Facility to be Constructed or Require Major Building Change? Self-explanatory.
16. Source of Water for Human Consumption: Check PUBLIC or PRIVATE water source.
17. Other Facilities: Enter the facility name and number of any other community care or health facilities owned or operated by applicant(s).
18. Statement of applicant(s)/licensee(s) responsibilities of compliance with all applicable laws and regulations.
19. Acknowledgement of right to appeal.
20. Signatures of all applicants or authorized person(s) (e.g., general partners of a partnership and executive officer or duly authorized representative for all corporations, public agencies, etc.).