

DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION

APPLICATION FOR A CHILD CARE LICENSE

<u>FOR DCDEE USE ONLY</u>	
ID#	_____
COUNTY NO.	_____
PAGE	_____ OF _____

APPLICATION – FACILITY PROFILE

Profile Page Instructions:

- Complete this form neatly in ink
- Be sure to sign and date the form
- Incomplete or incorrectly completed forms will be returned to you

1. Owner Name: _____

2. Facility Name: _____

3. Facility Mailing Address: _____
STREET/PO BOX CITY STATE ZIP CODE

4. Facility Phone Number: (____) _____ - _____ Land Line/ Published Unpublished Cellular Phone

5. Location Address: _____
STREET CITY ZIP CODE COUNTY

6. Ownership Type: Individual Owner Corporate Owner Government

7. Facility Contact Person *(if different from applicant)*: _____

Date of Birth (if applicable) _____ Phone Number: (____) _____ - _____

Email Address: _____ Cell Phone Number: (____) _____ - _____

Fax Number: (____) _____ - _____

8. Requested Age Range: _____

9. Hours of Operation: _____ to _____ Days of Operation: _____

10. Types of care to be provided: Full Day Part Day School-age Only Preschool Only
 First Shift Second Shift Third Shift Preschool and School-age

11. Type of Building New Construction Purchasing Existing Child Care Operation
 Renovating Building for Child Care Other _____

12. Type of Facility Family Child Care Home Drop-in Center in a Residence
 Center Religious Sponsored (GS-110) Summer Day Camp

13. Proposed Opening Date: _____ Did you attend a Prelicensing Workshop? Yes No
If yes, please list the Prelicensing Workshop Date _____ City _____ County _____
If no, select reason: Pending Current Owner DPI Location Change

14. Proposed Number of Children to Be Served: _____

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APPLICATION – FACILITY PROFILE (CONTINUED)

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Type of Business Operation

Check only one box:

- Sole Proprietorship:** A business owned and operated by one person for profit
- General Partnership:** Two or more people who carry on a business as co-owners for profit.
- Limited Partnership:** Consists of two or more people who jointly own or operate a business for profit. It is similar to a general partnership except that one or more partners have limited liability and no rights to management. A limited partnership must have at least one general partner.
- Limited Liability Company:** A business entity created by Statute. Owners are called members. One or more members are required to organize a limited liability company. Management of the business of the Limited Liability Company is vested in its managers.
- Corporation:** An organization formed under state or federal law. It is an artificial entity legally separated from its owners.
- Non-Profit Corporation:** A corporation intended to have no income or intended to have income, none of which is distributable to its members, directors, or officers.
- Government:** A program operated by city, county, state, or a federal entity.

HAVE YOU, OR ANY OTHER PERSON LISTED ON THIS APPLICATION, PREVIOUSLY OPERATED A CHILD CARE FACILITY?

- Yes No This applies to any child care facility in the US, including military installations.

If yes, list facility name, ID# and location: _____

DO YOU CURRENTLY HAVE A CHILD CARE LICENSE FOR ANOTHER LOCATION?

- Yes No

If yes, list facility name, ID# and location: _____

I ATTEST, UNDER PENALTY OF PERJURY, THAT I AM (CHECK ONE OF THE FOLLOWING):

- A citizen of the United States
- A non-citizen national of the United States
- A lawful permanent resident (Alien # _____)
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date if applicable)
- Other, please explain _____

Proof of residency must be verified by providing documentation such as a birth certificate, U.S. passport, Certificate of Naturalization, or U.S. Citizen Identification Card.

I hereby certify that I do not habitually use alcoholic beverages to excess nor use illegal narcotics or other impairing drugs I certify that I have given true, accurate and complete information on this form to the best of my knowledge and I authorize investigation of all statements made on this form. I understand that failure to provide true accurate and complete information may result in denial, revocation, or summary suspension of my license.

Jonathan Pipkin / Lakeisha Pipkin

6/14/2022

Signature of Applicant

Date

FOR DCDEE STAFF USE ONLY DATE RECEIVED: ___/___/___ CONSULTANT NAME: _____

DATE OF FINAL REVIEW: ___/___/___ CONSULTANT NAME: _____

DATE REVIEWED BY SUPERVISOR: ___/___/___ SUPERVISOR NAME: _____