

DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION

APPLICATION FOR A CHILD CARE LICENSE

FOR DCDEE USE ONLY	
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: Jonthan and Lakeisha Pipkin

2. Facility Name: Next Generation Learning Center

3. Facility Mailing Address: 215 Coates rd Linden NC 28356
STREET/PO BOX CITY STATE ZIP CODE

4. Facility Phone Number: (910) 984-1140 Land Line / Published Unpublished Cellular Phone

5. Location Address: 215 Coates rd Linden 28356 Harnett
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) 9/29/1978 Phone Number: (910) 984-4064
 Email Address: Lpipkin81@gmail.com Cell Phone Number: (910) 978-3838
 Fax Number: () -

8. Requested Age Range: 1-5, before and after school

9. Hours of Operation: 6am to 6pm Days of Operation: Mon-fri

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: July/August 2022 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: 40

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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: _____

ID# _____

COUNTY No. _____

PAGE _____ OF _____

APPLICATION – FACILITY PROFILE (ADDENDUM)

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 _____

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 hereby certify that I do not habitually use alcoholic beverages to excess nor use illegal narcotics or other impairing drugs.

____ Jonathan Pipkin/ Lakeisha

Pipkin _____ 6/14/2022 _____

Signature of Applicant

Date

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		