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

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

CONTINUED ON BACK PAGE

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 _____