



HILLSBOROUGH COUNTY CHILD CARE LICENSING
 3110 CLAY MANGUM LANE
 BUILDING 39
 TAMPA FL 33618
 TELEPHONE: (813) 264-3925
 FAX: (813) 264-2118

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 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

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