





**Application & Full Disclosure of Ownership Statement for an Amended License by an Individual, Partnership, Limited Liability Company or Corporation**

READ CAREFULLY, USE BLACK INK, PRINT LEGIBLY AND FOLLOW ENCLOSED INSTRUCTIONS

**SECTION C - FACILITY INFORMATION:**

**FOR FAMILY CHILD CARE HOME I ONLY:** This program must be in the applicant's residence.

Do you own the home where the program is located?  Yes  No

If you rent or lease the property, give the name, address and phone number of the owner/landlord (landlord information may be verified):

**FOR FAMILY CHILD CARE HOME II, CHILD CARE CENTER, SCHOOL-AGE-ONLY CENTER OR PRESCHOOL:**

Do you live on the premises?  Yes  No

Where is the program located?  House  School  Church  Free Standing  Strip Mall  Store Front

Other (Describe): \_\_\_\_\_

Do you own the property where the program is located?  Yes  No

If you rent or lease the property, give the name, address and phone number of the owner/landlord (landlord information may be verified):

**SECTION D - HOUSEHOLD INFORMATION:** This section must be completed for ALL programs when the child care/preschool is located in a residence. This page may be copied as needed.

List below ALL persons residing at the child care/preschool program address INCLUDING yourself, spouse, significant other, children, grandchildren, foster children, relatives, roommates and any individual regularly present.

LEGAL NAME (last, first, middle Initial)	OTHER NAME/S USED (maiden, alias, previously married, nickname)	SOCIAL SECURITY NUMBER	BIRTH DATE MM/DD/YY	RELATIONSHIP TO APPLICANT (i.e., son, daughter)

**SECTION E - STAFF INFORMATION FOR FAMILY HOMES I AND II ONLY:**

List below ALL persons who are designated as: primary provider, staff, substitutes, or volunteers. This page may be copied as needed.

LEGAL NAME (last, first, middle Initial)	OTHER NAME/S USED (maiden, alias, previously married, nickname)	SOCIAL SECURITY NUMBER	BIRTH DATE MM/DD/YY	POSITION (i.e., Staff)	FTE PTE	WORK SCHEDULE (i.e., Hours Days)

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**SECTION F - LICENSE HISTORY:** To be completed **ONLY** by Individuals and/or Partners, and/or Members of the Limited Liability Company. This page may be copied as needed.

**INDIVIDUAL AND/OR PARTNER OR MEMBER #1:**

Have you ever applied and received a child care/preschool license in the State of Nebraska?  Yes  No

If yes, what type of license were you issued and when? \_\_\_\_\_

What is/was the name and address of your program? \_\_\_\_\_

Have you ever had a child care/preschool license in the State of Nebraska revoked, suspended, or denied?  Yes  No

If you answered yes, what type of license was it? \_\_\_\_\_ Give license name, date, and specifics:

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**INDIVIDUAL AND/OR PARTNER OR MEMBER #2:**

Have you ever applied and received a child care/preschool license in the State of Nebraska?  Yes  No

If yes, what type of license were you issued and when? \_\_\_\_\_

What is/was the name and address of your program? \_\_\_\_\_

Have you ever had a child care/preschool license in the State of Nebraska revoked, suspended, or denied?  Yes  No

If you answered yes, what type of license was it? \_\_\_\_\_ Give license name, date, and specifics:

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**INDIVIDUAL AND/OR PARTNER OR MEMBER #3:**

Have you ever applied and received a child care/preschool license in the State of Nebraska?  Yes  No

If yes, what type of license were you issued and when? \_\_\_\_\_

What is/was the name and address of your program? \_\_\_\_\_

Have you ever had a child care/preschool license in the State of Nebraska revoked, suspended, or denied?  Yes  No

If you answered yes, what type of license was it? \_\_\_\_\_ Give license name, date, and specifics:

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**INDIVIDUAL AND/OR PARTNER OR MEMBER #4:**

Have you ever applied and received a child care/preschool license in the State of Nebraska?  Yes  No

If yes, what type of license were you issued and when? \_\_\_\_\_

What is/was the name and address of your program? \_\_\_\_\_

Have you ever had a child care/preschool license in the State of Nebraska revoked, suspended, or denied?  Yes  No

If you answered yes, what type of license was it? \_\_\_\_\_ Give license name, date, and specifics:

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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**SUPPLEMENT TO APPLICATION**

**SECTION G - LEGAL ATTESTATION:** This section is to be completed by individual(s) and partnership owners.  
This page may be copied as needed.

For the purpose of complying with Nebraska Revised Statutes 4-108 to 4-114, any individual(s) applying for any child care/preschool license must attest to his/her lawful presence in the United States.

1. Name of Owner/Partner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check the appropriate box:

- a.  I am a citizen of the United States **OR** b.  I am a qualified alien under the Federal Immigration and Nationality Act.

My immigrant status and alien number is as follows: \_\_\_\_\_

If you checked Box b. above, you are hereby requested to provide a copy of one of the following. This information is used to verify your lawful presence in the United States. Check the appropriate box of the documentation you are providing:

- An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")  
 An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport  
 A document showing an Alien Registration Number (A#)  
 A form I-94 (Arrival-Departure Record)

2. Name of Owner/Partner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check the appropriate box:

- a.  I am a citizen of the United States **OR** b.  I am a qualified alien under the Federal Immigration and Nationality Act.

My immigrant status and alien number is as follows: \_\_\_\_\_

If you checked Box b. above, you are hereby requested to provide a copy of one of the following. This information is used to verify your lawful presence in the United States. Check the appropriate box of the documentation you are providing:

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For the purpose of complying with Nebraska Revised Statutes 4-108 to 4-114, any individual(s) applying for any child care/preschool license must attest to his/her lawful presence in the United States.

3. Name of Owner/Partner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check the appropriate box:

- a.  I am a citizen of the United States **OR** b.  I am a qualified alien under the Federal Immigration and Nationality Act.

My immigrant status and alien number is as follows: \_\_\_\_\_

If you checked Box b. above, you are hereby requested to provide a copy of one of the following. This information is used to verify your lawful presence in the United States. Check the appropriate box of the documentation you are providing:

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 An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport  
 A document showing an Alien Registration Number (A#)  
 A form I-94 (Arrival-Departure Record)

4. Name of Owner/Partner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check the appropriate box:

- a.  I am a citizen of the United States **OR** b.  I am a qualified alien under the Federal Immigration and Nationality Act.

My immigrant status and alien number is as follows: \_\_\_\_\_

If you checked Box b. above, you are hereby requested to provide a copy of one of the following. This information is used to verify your lawful presence in the United States. Check the appropriate box of the documentation you are providing:

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**FOR CHILDREN'S SERVICES LICENSING USE ONLY:**

\_\_\_\_\_  
**Department Staff Signature and Date**

\_\_\_\_\_  
**License Effective Date**

## Division Public Health–Licensure Unit–Children's Services Licensing Instructions to Complete Application to Amend License by an Individual, Partnership, Limited Liability or Corporation

THESE INSTRUCTIONS ARE TO ASSIST YOU IN COMPLETEING THE APPLICATION. DO NOT RETURN WITH APPLICATION.

NOTE: ADDITIONAL DOCUMENTS MAY BE REQUIRED FOR THE TYPE OF AMENDMENT FOR WHICH YOU ARE REQUESTING.

### **SECTION A - IDENTIFYING INFORMATION:**

1. **Name of Program:** If amending the Name of the Program, enter the new name of the facility. If not, refer back to the name currently printed on your child care/preschool license.
2. **Name of Applicant:** The Applicant is the owner of the program. May also be known as the "Licensee" – means the owner of the child care program and the individual, partnership, limited liability company, or corporation to whom the license is issued and who is responsible for compliance with all regulations.  
  
*If you are an individual or individual(s) enter your legal name(s) (Last, First, Middle Initial)*  
*If you are in a partnership, enter all individual's names.*  
*If you are a Limited Liability Company, enter the Limited Liability Company name.*  
*If you are a Corporation, enter the name of the Corporation.*
3. **Social Security Numbers:** Individual owners, partners and members of the Limited Liability Companies are required to provide their Social Security Numbers. Social Security Numbers will not be released without the individual's consent except as required by law.
4. **Physical Address of Program:** Enter the new physical address, if amending location. If not amending, enter physical address where program is located. Family Child Care Home I's must be in your residence. Family Child Care Home II's, Child Care Centers, Preschools, and School-Age-Only Centers can be in your residence or another approved location.
5. **Program Phone Number/Cell Phone with Area Code:** Enter the Phone Number of the program and/or cell phone with area code. You are required to have an operating phone on the premises of the program. A cell phone is acceptable. If this is a new phone number, note change on application.
6. **FAX Number with Area Code (if applicable):** Enter the Fax number with area code. This is optional. If this is a new Fax number, note change on application.
7. **E-mail (optional):** Enter your email address.
8. **Director/Primary Provider:** Enter the name of the new Director/Primary Provider. If not amending, enter the name of the current Director/Primary Provider who is responsible for the daily operation of the child care/preschool program including compliance with all regulations.
9. **License Capacity:** If amending the capacity enter the new capacity number. If not amending, refer back to the capacity currently printed on your child care/preschool license. The number of children in care at any one time must not exceed the licensed capacity.
10. **Licensed Age Range:** If amending ages enter the new age range you are requesting. If not amending, refer back to the age range currently printed on your child care/preschool license.
11. **Licensed Hours of Operation:** If amending hours enter the new hours you are requesting. If not amending, refer back to the hours of operation currently printed on your child care/preschool license. You may not provide care for children outside of your licensed hours. Any hours between 9 P.M. and 6 A.M. are considered overnight care. Refer to the regulations regarding overnight care.
12. **Licensed Days of Operation:** If amending days enter the new days you are requesting. If not amending, refer back to the days of operation currently printed on your child care/preschool license.
13. **Preferred Mailing Address for Receipt of Official Correspondence from the Department:** Enter the address where all mail from the Department/Children's Services Licensing should be sent. Include Street Address, PO Box # (if applicable), City, State, and Zip Code. If this amendment is a new mailing address, check the box titled "other", and note the change.

## **SECTION B - OWNERSHIP INFORMATION:**

When we use the term “ownership of your child care/preschool program” we are not referring to the building, we are referring to the actual child care program. If you are unsure, some questions you might ask yourself are: who is financially responsible for the operation of the program? Who or what entity is responsible for hiring the Director? You should also consider consulting with your accountant or attorney for their advice.

- 14. Ownership of Program:** Enter legal name of an individual; or legal name of each partner(s); or legal name of Limited Liability Company; or Corporation.
  - 15. Federal Identification Number:** Federal ID Numbers will not be released without the individual's consent except as required by law. (If no Federal ID Number, enter the word “None”.)
  - 16. Secretary of State Account Number:** This is an assigned Number when you register your business ownership (Corporation or Limited Liability Company) with the Secretary of State's Office. (If you have no SOS Account Number, enter the word “None”.)
  - 17. Mailing address if different than #13 in Section A above:** Enter the mailing address if different from mailing address in Section A. Include Street Address, PO Box # (if applicable), City, State, and Zip Code. When both addresses are the same, enter the word “same”.
  - 18. Phone Number/Cell Phone Number with Area Code if different than #5 in Section A. above:** Enter the phone number/cell phone if different from the phone number/cell phone number in Section A. When both phone numbers are the same, enter the word “same”.
  - 19. Email address (optional) if different than #7 in Section A. above:** Enter the email address if different from the email address in Section A. When both addresses are the same, enter the word “same”.
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## **SECTION C - FACILITY INFORMATION:**

***Must complete this section with each amended application.***

**For Family Child Care Home I Only.** A Family Child Care Home I must be in the applicant's residence and the applicant must indicate whether they rent/lease or own the facility. If applicant is not the owner of the facility, the owner/landlord information must be provided.

**For Family Child Care Home II, Center, School-Age-Only Center or Preschool.** When a Family Child Care Home II, Child Care Center, School-Age-Only Center or Preschool will not be located in the applicant's residence, check the appropriate box of where the program is located. Also indicate whether you rent/lease or own this child care/preschool program location. If applicant is not the owner of the property, the owner/landlord information must be provided.

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## **SECTION D - HOUSEHOLD INFORMATION:**

***All license types must complete this section if located in a residence.***

This section must be completed for ALL license types located in a residence. Read and complete this section according to the instructions on the form. You must list all persons (including yourself) who reside or who will be regularly present in the residence. Relationship examples: spouse, son, daughter, niece, grandmother, etc.

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## **SECTION E - STAFF INFORMATION FOR FAMILY CHILD CARE HOMES I AND II ONLY:**

***Must complete this section with each amended application.***

Read and complete this section according to the instructions on the form. Household members that will be assisting with the child care/preschool program should also be listed in this section. FTE means full-time employee; PTE means part-time employee. Refer to the regulations for definition of primary provider, staff, substitute and volunteer.

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**SECTION F - LICENSE HISTORY:**

***New partner(s) or members must complete this section.***

New Partner(s) and/or members of Limited Liability Companies must report any previous child care/preschool license history. This information may be verified.

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**SECTION G – LEGAL ATTESTATION:**

***Read carefully and follow the instructions in this section of the application.***