



**License applied for:**  FAMILY CHILD CARE HOME I  FAMILY CHILD CARE HOME II  CHILD CARE CENTER  
 SCHOOL-AGE ONLY CENTER  PRESCHOOL  
*Family Child Care Home I must be in the applicant's residence*

**SECTION A - IDENTIFYING INFORMATION**

1. Name of Program: \_\_\_\_\_
2. Name of Applicant: \_\_\_\_\_ 3. Social Security Number: \_\_\_\_\_  
 Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
4. Physical Address of Program: \_\_\_\_\_  
 (Street, City, County, Zip)
5. Phone Number/Cell Phone with Area Code: \_\_\_\_\_ 6. Fax Number with Area Code (if applicable): \_\_\_\_\_
7. Email (optional): \_\_\_\_\_
8. Director/Primary Provider: \_\_\_\_\_  
 Name
9. License Capacity: \_\_\_\_\_ 10. Licensed Age Range: \_\_\_\_\_ to \_\_\_\_\_
11. Licensed Hours of Operation (specify whether A.M. or P.M. hours): \_\_\_\_\_ to \_\_\_\_\_ OR  24 Hour Care
12. Licensed Days of Operation: (check all that apply):  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday
13. Preferred Mailing Address For Receipt Of Official Correspondence From The Department: \_\_\_\_\_  
 (PO Box, Street, City, State, Zip)
14. Person(s) designated by the Owner to Sign Applications and other Licensing Documents: List Names and Title(s) (i.e., Authorized Agent/Representative, Director/Primary Provider, or Administrator): \_\_\_\_\_

**SECTION B - OWNERSHIP INFORMATION:** Use an additional form if more space is needed to make full disclosure of ownership. Corporation and Limited Liability Company Status will be verified with the Secretary of State.

**BUSINESS OWNERSHIP: (CHECK ONE)**

INDIVIDUAL (one owner)  PARTNERSHIP (two or more owners)  LIMITED LIABILITY COMPANY  CORPORATION

15. Ownership of Program: \_\_\_\_\_  
 Name(s) of: Individual, Partners, Limited Liability Company, Corporation
16. Federal Identification Number (FID): \_\_\_\_\_ 17. Secretary of State Account Number: \_\_\_\_\_
18. Mailing address if different than #13 in Section A. above: \_\_\_\_\_
19. Phone Number/Cell Phone Number with Area Code if different than #5 in Section A. above: \_\_\_\_\_
20. Email (optional) if different than #7 in Section A. above: \_\_\_\_\_

**SECTION C - CERTIFICATION**

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services, Division of Public Health – Licensure Unit and will comply with them should a license be issued. I/we have fully disclosed all owners of the program regardless of whether an owner participates in the operation of the program.

Applications shall be signed by:

- (1) The owner, when the applicant is the **individual owner**
- (2) All owners, when the applicants are a **partnership**
- (3) Two members, when the applicant is a **limited liability company** (One signature will be accepted if the LLC is a one member company.)
- (4) Two officers that have authority to bind the **corporation** to the terms of the application, when the applicant is a corporation. However, one signature will be accepted if the articles of incorporation are submitted with the application.



Division of Public Health/Licensure Unit  
**APPLICATION & FULL DISCLOSURE OF OWNERSHIP STATEMENT FOR A  
 PROVISIONAL LICENSE BY AN INDIVIDUAL, PARTNERSHIP, LIMITED LIABILITY  
 COMPANY OR CORPORATION**  
 Children's Services Licensing

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

A complete list of names and addresses of all persons in control of the child care/preschool program must be included with an application. The list must include all individual owners, partners, limited liability company members, parent companies, if any, and members of boards of directors owning or managing the corporations and any other persons with financial interests or investments in the child care/preschool program. In the case of publicly held corporations, the individual owners listed must include any stockholders who own 5% or more of the company's stock.

I/we certify that to the best of my/our knowledge, all information and statements on this Application and Full Disclosure of Ownership Statement and the following documents are true and correct.

_____	_____	_____
Print Name and Title	Signature	Date
_____	_____	_____
Print Name and Title	Signature	Date
_____	_____	_____
Print Name and Title	Signature	Date



**SUPPLEMENT TO APPLICATION**

**SECTION D - LEGAL ATTESTATION:** This section to be completed by individual(s) and partnership owners.  
 Use additional forms if necessary.

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:

- An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")
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- A document showing an Alien Registration Number (A#)
- A form I-94 (Arrival-Departure Record)

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:

- 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)

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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- 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)



**SECTION E - 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 F - HOUSEHOLD INFORMATION:** This section must be completed for ALL programs when the child care is located in a residence. Use additional forms if necessary.

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	BIRTHDATE MM/DD/YY	RELATIONSHIP TO APPLICANT (i.e., son, daughter)

**SECTION G - STAFF INFORMATION FOR FAMILY HOMES I AND II ONLY:** List below ALL persons who are designated as: primary provider, staff, substitute, or volunteer. Use additional forms if necessary.

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



SECTION H - LICENSE HISTORY: To be completed by Individuals and/or Partners, and/or Members of the
Limited Liability Company. Use additional forms if necessary.

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** \_\_\_\_\_

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

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

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

## **INSTRUCTIONS FOR PROVISIONAL APPLICATION**

**STOP! It is recommended that you check to see if your particular city has ordinances/special use permits which could prevent you from operating a child care/preschool program. You should also check with your landlord and/or homeowners association. All forms and documents must be complete, accurate, and legible; and must be submitted together for the application to be considered complete. Incomplete application packets will be returned to the applicant.**

### **License Applied for:**

Check the license type for which you are applying. Family Child Care Home I's must be in the applicant's residence. (*Refer to the regulations for description of each license type.*)

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

### **1. Name of Program:**

This may be your own name **OR** you may name your program.

### **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 a partnership enter the partnership name. If you do not have a partnership, enter all individual 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 physical address where program is operated. 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. Phone Number/Cell Phone with Area Code:**

Enter your Phone Number 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.

### **6. FAX Number with Area Code (if applicable):**

Enter your Fax number with area code. This is optional.

### **7. E-mail (optional):**

Enter your email address.

### **8. Director/Primary Provider:**

Enter the name of the individual who will be responsible for the daily operation of the child care/preschool program including compliance with all regulations.

### **9. License Capacity:**

Refer to the regulations regarding the license type you are applying for to determine the number of children. The number of children in care at any one time must not exceed the licensed capacity.

**10. Licensed Age Range:**

Refer to the definitions under Ages of Children.

**11. Licensed Hours of Operation:**

Enter the hours that child care/preschool will be provided. 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:**

Check each day of the week that you will be operating your program.

**13. Preferred Mailing Address 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, County, and Zip Code.

**14. Person(s) designated by the Owner of the Program to Sign Applications and other Licensing Documents. List Names and Title(s) (i.e., Authorized Agent/Representative, Director/Primary Provider, or Administrator):**

If the owner of the program would like to designate a person(s) to sign applications and other licensing documents, list them here; i.e., Director, etc.

If Corporation, Partnership or Limited Liability Company (LLC) owners wish to delegate responsibility for signing **future** applications and licensing documents, the owner must list the designated individual on this form. This individual's signature must carry the authority to bind the Corporation, Partnership or LLC to the licensing terms and regulations.

Individual owners and one member LLC's must sign all applications and licensing documents.

**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.

**Business Ownership:**

No explanation required.

**15. 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.

**16. 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".)

**17. 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".)

**18. 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, County and Zip Code. When both addresses are the same, enter the word "same".

**19. 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".

**20. 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".

**SECTION C - CERTIFICATION:**

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

**SECTION D - LEGAL ATTESTATION:**

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

**SECTION E - FACILITY INFORMATION:**

**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.

**SECTION F - HOUSEHOLD INFORMATION:**

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.

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

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 fulltime employee; PTE means part time employee. Refer to the regulations for definition of primary provider, staff, substitute and volunteer.

**SECTION H - LICENSE HISTORY:**

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

The additional forms and documentation listed is required to be submitted with following license types:

**FCCHI:**

1. A 'Consent and Authorization for Release of Information' from the applicant, household members, staff, substitutes, and volunteers from age 13 and older.
2. Documentation of a criminal history record check for the applicant, all staff, and volunteers age 19 or older, and all household members age 19 or older (see 1-006.02A).
3. Report of Law Enforcement Contact for the applicant, all staff, and volunteers age 19 or older, and all household members age 19 or older (see 1-006.02C).
4. Health Information Report for the applicant and staff who are responsible for the care and supervision of children more than 20 hours a week. (see 1-006-02F).
5. Photocopies of the front and back of CPR and First Aid certification cards/certificates. (see 1-006-04F).
6. Photocopy of the certificate received for completion of Pre-Service Orientation Training by the Department.
7. A sketch, diagram, or blueprint of the facility showing the dimensions, arrangement of rooms to be used by the children, and outdoor play area.
8. Photocopy of document/s that will verify applicant resides at the address where child care will be provided (address given on this application). For example: Utility bill in name of applicant; lease/rental agreement, valid Nebraska vehicle registration, voter registration card, real estate tax statement.
9. A completed Rules Compliance Checklist.
10. Copy of valid driver's license
11. Copy of valid vehicle registration for vehicle used.
12. The \$25 licensing fee.

**FCCHII:**

1. A 'Consent and Authorization for Release of Information' from the applicant, household members, staff, substitutes, and volunteers from age 13 and older.
2. Documentation of a criminal history record check for the applicant, all staff, and volunteers age 19 or older, and all household members age 19 or older if the family child care home is a private residence (see 2-006.02A).
3. Report of Law Enforcement Contact for the applicant, all staff, and volunteers age 19 or older, and all household members age 19 or older if the family child care home is a private residence (see 2-006.02C).
4. Health Information Report for the applicant and staff who are responsible for the care and supervision of children more than 20 hours a week. (see 2-006.02F).
5. Photocopies of the front and back of CPR and First Aid certification cards/certificates for the primary provider. (see 2-006.04F).
6. Photocopy of the certificate received for completion of Pre-Service Orientation Training by the Department.
7. A sketch, diagram, or blueprint of the facility showing the dimensions, arrangement of rooms to be used by the children, and outdoor play area.
8. Copies of zoning approval from the relevant jurisdiction.
9. The \$25 licensing fee.
10. Date your facility will be ready for fire inspection.

**CHILD CARE CENTER:**

1. A 'Consent and Authorization for Release of Information' for the applicant, all staff and volunteers age 13 or older, and all household members age 13 or older if the center is to be located in a private residence.
2. Prior to Hire Agreement specific to Central Registry checks.
3. Documentation of criminal history record checks for the applicant if an individual or an individual in a partnership and for the individual who will be the director of the center if the applicant is a limited liability company, a corporation, or a governmental unit (see 3-006.03A).
4. A Report of Law Enforcement Contact for the applicant, or for the individual who will be the director of the center if the applicant is a limited liability company, a corporation, or a governmental unit (see 3-006.03C).
5. A Health Information Report for the director (see 3-006.03F).
6. Documentation of director qualifications or written plan (see 3-006.04).
7. Documentation of completed Director pre-service orientation and self-assessment forms.
8. A sketch, diagram, or blueprint of the facility showing the dimensions, arrangement of rooms to be used by the children and outdoor play area.
9. Copies of zoning approval from the relevant jurisdiction.
10. A written description of services.
11. A sample daily schedule for each age group in care.
12. A sample weekly menu of snacks and/or meals.
13. The required licensing fee (see 3-004.08).
14. Contact phone number(s) for licensee and/or director.
15. Date your facility will be ready for fire and sanitation inspection.
16. The planned occupancy date.

**SCHOOL-AGE ONLY CENTER:**

1. A 'Consent and Authorization for Release of Information' for the applicant, all staff and volunteers age 13 or older, and all household members age 13 or older if the center is to be located in a private residence.
2. Prior to Hire Agreement specific to Central Registry checks.
3. Documentation of criminal history record checks for the applicant if an individual or an individual in a partnership, and for the individual who will be the director of the center if the applicant is a limited liability company, a corporation, or a governmental unit (see 4-006.03A).
4. A Report of Law Enforcement Contact for the applicant, or for the individual who will be the director of the center if the applicant is a limited liability company, a corporation, or a governmental unit (see 4-006.03C).
5. A Health Information Report for the director (see 4-006.03F).
6. Documentation of director qualifications or written plan (see 4-006.04).
7. Documentation of completed Director pre-service orientation and self-assessment forms.
8. A sketch, diagram, or blueprint of the facility showing the dimensions, arrangement of rooms to be used by the children and outdoor play area.
9. Copies of zoning approval from the relevant jurisdiction.
10. A written description of services.
11. A sample daily schedule for each age group in care.
12. A sample weekly menu of snacks and/or meals.
13. The required licensing fee (see 4-004.08).
14. Contact phone number(s) for licensee and/or director.
15. Date your facility will be ready for fire and sanitation inspection.
16. The planned occupancy date.

**PRESCHOOL:**

1. A 'Consent and Authorization for Release of Information' for the applicant, all staff and volunteers age 13 or older, and all household members age 13 or older if the preschool is to be located in a private residence.
2. Prior to Hire Agreement specific to Central Registry checks.
3. Documentation of criminal history record checks for the applicant if an individual or an individual in a partnership, and for the individual who will be the director of the preschool if the applicant is a limited liability company, a corporation, or a governmental unit (see 5-006.03A).
4. A Report of Law Enforcement Contact for the applicant, or for the individual who will be the director of the preschool if the applicant is a limited liability company, a corporation, or a governmental unit (see 5-006.03C).
5. A Health Information Report for the director (see 5-006.03F).
6. Documentation of director qualifications or written plan (see 5-006.04).
7. Documentation of completed Director pre-service orientation and self-assessment forms.
8. A sketch, diagram, or blueprint of the facility showing the dimensions, arrangement of rooms to be used by the children and outdoor play area.
9. Copies of zoning approval from the relevant jurisdiction.
10. A written description of services.
11. A sample daily schedule for each age group in care.
12. The required licensing fee (see 5-004.07).
13. Contact phone number(s) for licensee and/or director.
14. Date your facility will be ready for fire inspection.
15. The planned occupancy date.