

REQUEST FOR APPLICATION PACKET FORM

NAME: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

WILL THE OWNER OF THE CHILD CARE/PRESCHOOL BE (choose one):

- An Individual
- An Individual in a Partnership
- A Limited Liability Company
- A Corporation
- A Non-profit Corporation
- A Governmental Unit

FOR HOW MANY CHILDREN DO YOU PLAN TO PROVIDE CHILD CARE/PRESCHOOL? _____

WHAT WILL BE YOUR DAYS OF OPERATION? ___M ___ T ___ W ___Th ___F ___ Sa ___Su

WHAT WILL BE YOUR HOURS OF OPERATION?

_____ M _____ T _____ W

_____ Th _____ F _____ Sa

_____ Sun Other (i.e. holiday hours): _____

After completing this form, please save it, then e-mail this completed form as an attachment to DHHS.ChildCareLicensing@nebraska.gov.

You cannot directly submit the form without first saving it.

Or mail form to:

DHHS – Division of Public Health
Licensure Unit
Children’s Services Licensing
PO Box 94986
Lincoln NE 68509-4986