



Child Care Licensing Program
Application for a RENEWAL of Center, Hourly Center,
or Out of School Time Program Child Care License

Note: It may take up to 60 days to process your completed application, or 120 days if FBI fingerprint clearances are required.
An application is considered complete when all required items and fees have been received by Child Care Licensing.

A. IDENTIFYING INFORMATION:

Facility Name: Phone #:
Facility Mailing Address:
City & Zip Code: Fax #:
Facility Street Address:
City & Zip Code:
E-mail Address (optional):
Director: Phone: Cell:

B. DOCUMENTS REQUIRED:

You must include all of the following documents when you submit your application. The application will be denied if documentation not submitted with the application is not submitted by the expiration date of the current license.

- This application form, completely filled out, signed, and dated.
\$31.00 renewal application fee plus \$1.75 per child based on licensed capacity payable to "Utah Department of Health".
Completed Background Screening forms and \$15.00 fee for each covered individual.
A copy of your current local health department kitchen inspection.
A copy of your current fire clearance or a copy of a document from the local fire authority stating a yearly fire clearance is not required.
A copy of your current business license or a copy of a document from a city/county employee stating a yearly business license is not required.

If you want to change your Director, add a Director, remove a Director, or if you made any of those Director changes in the past year and did not submit an application for a change of director as required, you must also include:

- Name of proposed new director or director to be added
A completed Background Screening form and fee for the proposed director, unless Child Care Licensing has already completed a background clearance for the proposed director within the past six months.
A copy of the educational credentials for the proposed director, as outlined in the Child Care Licensing rules.
Name of director's name to be removed from license

If you want an increase or decrease in your licensed capacity, you must also include the following:

- Requested INCREASE in capacity by: Requested new total capacity:
Requested increase for children under age 2: Requested new capacity for children under 2:
Check if a new or different room or area of the facility will be used with this change.
\$1.75 per child fee payable to "Utah Department of Health" for a requested increase in capacity
A copy or diagram of the facility's floor plan.

For Office Use Only
Approved Capacity:
Under 2:

- A copy of a new fire clearance or a copy of a document from the local fire authority stating a new fire clearance is not required.
- A copy of a new business license or a copy of a receipt verifying application or a copy of a document from a city/county employee stating a new business license is not required.
- \$31.00 fee payable to "Utah Department of Health" if more than two changes during the current licensing year.
- Requested **DECREASE** in capacity by: _____ Requested new total capacity: _____
- Requested decrease for children under age 2: _____ Requested new capacity for children under age 2: _____
- Check if a new or different room or area of the facility will be used with this change.
 - A copy or diagram of the facility's floor plan.
 - \$31.00 fee payable to "Utah Department of Health" if more than two changes during the current licensing year.

If you want to change your license type, you must also include the following:

- Requested Type: Center Hourly Center Out of School Time
- A copy of the director's educational credentials, as outlined in the Child Care Licensing rules for the new type of license.
 - A copy of the Certificate of Attendance (in the last 6 months) from New Center Provider Orientation training for the new type of license.

If you want to change your facility name, you must also include the following:

- New facility name: _____

If you want to add or remove an Owner, Officer, or Board Member, you must also include the following:

- Current Owner/Officer/Board Member Name: _____ Phone #:(_____) _____
- New Owner/Officer/Board Member Name: _____ Phone #:(_____) _____
- Full Address: _____
- Completed Background Screening forms and \$15.00 per person fee for each new owner/officer/board member.
- Fingerprint card(s) and \$36.50 per person fee payable to "Utah Department of Health" for each new owner/officer/board member who has not continuously resided in Utah for the past 5 years. A separate check or money order is required for fingerprint fees.
- Name of Owner/Officer/Board Member to be removed from your License: _____

C. OWNERSHIP

Complete ownership information is required on all applications. Do not write "On File".

- Owner's Name: _____ Phone #:(_____) _____
- Licensee's Name (must be an individual if the owner is a business/corporation): _____
- Full Address: _____

D. TYPE OF ORGANIZATION (check one box only):

- Individual Owner or Sole Proprietorship**
- Corporation:** On the following page, identify the corporation by name, address, and phone number. Identify all owner(s), officer(s), board member(s), etc. by name and title. Include addresses and phone numbers for each individual. (Attach additional pages if needed).
- Partnership:** On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
- Limited Liability Company:** On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
- Other:** _____

Attach a page describing the ownership arrangement. Identify all owner(s), officer(s), board member(s), etc. by name and title.

List the names, addresses, and telephone number of each additional owner or officer, and each member of the governing board. An owner is anyone who has a 25% or greater interest in the facility.

Name: _____ **Check one:** Owner/Officer Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** Owner/Officer Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** Owner/Officer Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** Owner/Officer Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** Owner/Officer Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** Owner/Officer Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** Owner/Officer Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Copy and use additional pages if necessary.

E. CERTIFICATION OF UNDERSTANDING:

I understand that this document serves as the formal request upon which a licensing decision will be based.

I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect any part of the facility, property and premises without a warrant any time children are in care.
2. Review facility documents.
3. Interview caregivers, children, employees, and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah.

I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that, based on my best information and belief, no employee, volunteer, owner, or member of a governing body of this facility has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of severe abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

_____ /_____/_____
 Signature of Facility Representative Date

Documents will be shredded after the application process is complete.

Submit completed application, fees, and all required application documents to the Salt Lake office or the Provo office.

Salt Lake Office

Mailing Address
Child Care Licensing, Salt Lake Office
P.O. Box 142007
Salt Lake City, UT 84114-2007

Location Address
(Do **NOT** mail items to this address)
3760 South Highland Drive, Room 403
Salt Lake City, UT 84106

Phone: (801) 273-6617
Toll Free: 1-888-287-3704
Fax: (801) 273-4145

Provo Office

Child Care Licensing, Provo Office
150 East Center Street, Suite 3200
Provo, UT 84606

Phone: (801) 374-7688
Toll Free: 1-800-894-2588
Fax: (801) 371-1168