MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

APPLICATION FOR LICENSE REVISION (PAGE 1 OF 2)

LEGAL NAME OF FACILITY		FACILITY DVN
FACILITY ADDRESS (STREET, CITY AND ZIP CODE)		
OWNER	EMAIL	TELEPHONE

LICENSE REVISION REQUESTED: Check appropriate box and indicate change in corresponding column.

☐ ADDRESS (Not Location)	
☐ AGE RANGE	
☐ CAPACITY	
HOURS OF CARE	☐ 6 a.m. – 9 p.m. ☐ 9 p.m. – 6 a.m. ☐ 6 a.m. – 6 a.m.
☐ NAME	
☐ NUMBER OF CHILDREN UNDER AGE 2	
☐ OTHER	

SIGNATURE (OWNER, BOARD CHAIRPERSON, DIRECTOR OR DESIGNEE)	DATE
➤	

OFFICE USE ONLY

THE FOLLOWING LICENSING REQUIREMENTS MUST BE MET PRIOR TO RECEIVING A REVISED LICENSE:	COMPLIANCE DATE

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

APPLICATION FOR LICENSE REVISION (PAGE 2 OF 2)

LEGAL NAME OF FACILITY		FACILITY DVN
FACILITY ADDRESS (STREET, CITY AND ZIP CODE)		
OWNER	EMAIL	TELEPHONE

THE FOLLOWING LICENSING REQUIREMENTS MUST BE MET PRIOR TO RECEIVING A REVISED LICENSE:	COMPLIANCE DATE

RECOMMENDATION/DECISION

☐ APPROVED ☐ DENIED

CHILD CARE FACILITY REPRESENTATIVE	DATE	CHILD CARE SUPERVISOR	DATE
➤			