



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
**APPLICATION FOR LICENSE TO OPERATE A CHILD CARE FACILITY**

<b>IDENTIFYING INFORMATION</b>	
LEGAL NAME OF FACILITY	<input type="checkbox"/> FAMILY HOME <input type="checkbox"/> GROUP CHILD CARE HOME <input type="checkbox"/> CHILD CARE CENTER
FACILITY ADDRESS (STREET, CITY, STATE, ZIP CODE)	<input type="checkbox"/> APPLICANT'S RESIDENCE <input type="checkbox"/> OTHER LOCATION
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	<input type="checkbox"/> SCHOOL AGE PROGRAM ON SCHOOL PROPERTY
DIRECTIONS TO THE FACILITY	COUNTY
	FACILITY PHONE NUMBER
IS FACILITY CURRENTLY LICENSED BY ANY OTHER AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN: _____	EMAIL ADDRESS

**ADMINISTRATION (Attach additional pages as needed).**

<b>LIST ALL NAME(S) OF OWNER(S), ORGANIZATION OF CORPORATION OPERATING CHILD CARE FACILITY</b>	
NAME	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER
IS OWNERSHIP REGISTERED WITH OFFICE OF SECRETARY OF STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE CHECK: <input type="checkbox"/> FICTITIOUS NAME <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER: _____	
NAME OF BOARD PRESIDENT/CHAIRPERSON/LLC MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

<b>LIST NAME OF DIRECTOR/GROUP CHILD CARE HOME PROVIDER/FAMILY HOME CHILD CARE PROVIDER</b>	
NAME	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

<b>PHYSICAL PLANT</b>	
FLOOR(S) FOR CHILD CARE <input type="checkbox"/> BASEMENT <input type="checkbox"/> 1 <sup>ST</sup> FLOOR <input type="checkbox"/> 2 <sup>ND</sup> FLOOR <input type="checkbox"/> OTHER: _____	WATER SYSTEM <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER: _____
SOURCE AND TYPE OF HEATING SYSTEM	SEWAGE DISPOSAL SYSTEM <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER: _____

<b>LICENSE SPECIFICATIONS REQUESTED</b>		
_____ TOTAL CAPACITY OF CHILDREN AT ONE TIME INCLUDING _____ CHILDREN UNDER 24 MONTHS	AGE RANGE OF CHILDREN _____ THROUGH _____	HOURS OF OPERATION <input type="checkbox"/> 6:00AM - 9:00PM (DAYTIME) <input type="checkbox"/> 9:00PM - 6:00AM (NIGHTTIME) <input type="checkbox"/> 6:00AM - 6:00AM (24 HOUR CARE)
DAY OF OPERATION (CHECK ANY THAT APPLY) <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT		
MONTHS OF OPERATION (CHECK ANY THAT APPLY) <input type="checkbox"/> ALL 12 MONTHS <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC		

**PLEASE READ PRIOR TO SIGNING APPLICATION**

I/we understand and acknowledge:

- That I/we have read, understand, and agree to comply with all applicable statutes and licensing rules which can be found at <https://health.mo.gov/safety/childcare/lawsregs.php>.
- A license will be granted when facility has been determined in compliance with state statutes and licensing rules.
- If rules are not met within six months of the filing date, this application shall be void.
- The license is not transferable and applies only to the person(s) and address shown on the license.
- The license may be subject to revocation or other disciplinary actions for failure to maintain compliance with state statutes and licensing rules.
- The licensing record is open to the public for review, if requested.
- I/we agree to accept and provide care to children without regard to race, sex, religion, national origin, or disability.

**THE UNDERSIGNED IS THE PERSON(S) RESPONSIBLE FOR THE INFORMATION GIVEN AND STATES THAT INFORMATION IS TRUE AND ACCURATE.**

SIGNATURE OF OWNER(S)/BOARD CHAIRPERSON/LLC MEMBER/DESIGNEE (CIRCLE APPROPRIATE TITLE)		
SIGNATURE	PRINT NAME	DATE