



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
**APPLICATION FOR LICENSE TO OPERATE
GROUP CHILD CARE HOME AND CHILD CARE CENTER**

IDENTIFYING INFORMATION			
LEGAL NAME OF FACILITY		<input type="checkbox"/> GROUP CHILD CARE HOME	<input type="checkbox"/> INITIAL
LOCATION (STREET, CITY, STATE, ZIP CODE)		<input type="checkbox"/> CHILD CARE CENTER	<input type="checkbox"/> RENEWAL
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		COUNTY	
DIRECTIONS TO FACILITY		FACILITY TELEPHONE NUMBER	
		E-MAIL ADDRESS	
IS FACILITY CURRENTLY LICENSED BY ANY OTHER AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:			
ADMINISTRATION			
LIST ALL NAME(S) OF OWNER(S), ORGANIZATION OR CORPORATION OPERATING CHILD CARE FACILITY (Attach additional pages as needed).			
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 OR CHAIRPERSON, IF INCORPORATED		SOCIAL SECURITY NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER ()	
LIST NAME OF DIRECTOR OR GROUP CHILD CARE HOME PROVIDER BELOW.			
NAME		SOCIAL SECURITY NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER ()	
PHYSICAL PLANT			
FLOOR(S) FOR CHILD CARE <input type="checkbox"/> BASEMENT <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/> 2 ND 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 _____	
LICENSE SPECIFICATIONS REQUESTED			
_____ NUMBER UNDER AGE TWO	AGE RANGE OF THE CHILDREN _____ THROUGH _____	HOURS OF OPERATION	
_____ NUMBER PRESCHOOL/SCHOOL AGE		<input type="checkbox"/> 6:00 A.M. – 9:00 P.M. (DAYTIME)	
_____ TOTAL CAPACITY OF CHILDREN AT ONE TIME		<input type="checkbox"/> 9:00 P.M. – 6:00 A.M. (NIGHTTIME)	
DAYS OF OPERATION: (CHECK ANY THAT APPLY) <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN		<input type="checkbox"/> 6:00 A.M. – 6:00 A.M. (24 HOUR CARE)	
MONTHS OF OPERATION: (CHECK ANY THAT APPLY) <input type="checkbox"/> ALL 12 MONTHS			
<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MARCH <input type="checkbox"/> APRIL <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG <input type="checkbox"/> SEPT <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC			
PLEASE READ PRIOR TO SIGNING APPLICATION:			
The undersigned is the person(s) named as applicant(s). The information given is true and accurate. I/we have read Section 210.201-210.259 RSMo and the licensing rules for child care centers and group child care homes in Missouri. I/we understand that:			
A. A license will be granted when facility has been determined in compliance with state statutes and licensing rules.			
B. If rules are not met within six months of the filing date, this application shall be void.			
C. The license is not transferable and applies only to the person(s) and address shown on the license.			
D. The license may be subject to revocation or other disciplinary actions for failure to maintain compliance with state statutes and licensing rules.			
E. The licensing record is open to the public for review, if requested.			
F. I/we agree to accept and provide care to children without regard to race, sex, religion, national origin or disability.			
G. The facility owner(s) board president or chairperson and the center director or group child care home provider must have background checks. The Family Care Safety Registry can be used for this purpose.			
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 / DESIGNEE (CIRCLE APPROPRIATE TITLE)		DATE	