

**Appendix I: License Application**

OFFICE USE ONLY	
Date assigned:	_____
Licensing specialist:	_____
Supervisor:	_____

STATE OF DELAWARE  
DEPARTMENT OF EDUCATION  
OFFICE OF CHILD CARE LICENSING (OCCL)  
**YOUTH CAMP**  
**LICENSE APPLICATION**

<b>Please Print all responses.</b>
Date received: _____

**Before completing this application, review *DELCARE: Regulations for Youth Camps*.** Answer all applicable questions and attach all required application materials/documents.

- The applicant is the individual owner or entity, such as a company, corporation, business, school district, or agency seeking a license to operate a youth camp. The individual owner, president of the corporation, managing member of the LLC, superintendent of a school district or equivalent officer, or head of the agency, must sign the application in section G or provide written authorization allowing the designated representative to sign.
- The “camp” is the legal name by which the camp will be known.
- The “designated representative” means the person who has been assigned by the licensee, company, corporation, business, school district, or agency to act on his, her, or its behalf and granted authority over program operations and to represent him, her, or it in dealings with OCCL. This person may sign the application with written authorization from the applicant.
- The “entity” is the company, corporation, business, school district, or agency that is responsible for and has authority over the operation of the camp.

**Applications must be submitted at least 60 days in advance of the anticipated opening date.**

**SECTION A – Identification**

**Applicant Name:** \_\_\_\_\_ If an individual, will this person be on-site or have access to children in care?  Yes  No

Phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Camp Name:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Business Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(street) (city) (county) (state) (zip)

Camp Location: \_\_\_\_\_  
(street) (city) (county) (state) (zip)

Inclement Weather Location (if not located at the camp’s location):  
\_\_\_\_\_  
(street) (city) (county) (state) (zip)

Designated representative name, if applicable: \_\_\_\_\_ Will individual be on-site or have access to children in care?  Yes  No

Cell phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**CHU contact**

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person’s eligibility for employment.

**CHU contact name:** \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION B – Information for Individual Owner or Corporation, LLC, Agency, or School Information**

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Please submit as applicable:

- DE State business license
- Proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents)
- Certificate of Incorporation or LLC
- DE DOE School Registration # \_\_\_\_\_

Name: \_\_\_\_\_ Type:  Individual  Corporation  Agency  
 Limited liability company (LLC)  School

Address: \_\_\_\_\_  
 (street) (city) (state) (zip)

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

1. If entity is an LLC, list below a name, address, and phone number for the managing member.
2. If entity is a corporation, list below a name, address, and phone number for each corporate officer.
3. If entity is an agency or a school district, list below a name, address, and phone number for the designated representative.

For corporation: officers For LLC: managing member For agency or school district: designated representative	Title	Address	Email	Will this person be on-site or have access to children in care?	
				No	Yes

**SECTION C – References for the Applicant (individual owner, president of the corp., managing member of the LLC, head of agency, or superintendent of the school district)**

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List three individuals who are not related to the applicant. If the applicant has no previous work history in the last five years, list five individuals. These individuals must be able to verify that the applicant is of good character and reputation, respects and understands children, and is sensitive to meeting children’s needs. **OCCL will contact these references.**

Name	Address	Telephone/Email

**SECTION D – Previous Licensure**

Has the applicant been previously licensed to care for children in DE or any other state?  No  Yes

If yes, specify state and type of license: \_\_\_\_\_

*List the name and address of the licensed facility/home/youth camp and the dates of approval/licensure.*

\_\_\_\_\_

Has the applicant or any person listed in Section B ever had an application or license to provide care for children in DE or any other state denied, revoked, suspended, withdrawn, or placed on probation?  No  Yes

*If yes, list the name and address of the facility/home/youth camp and the type and date of action.*

\_\_\_\_\_

**SECTION E – Program Information**

**Anticipated Dates of Operation:** (Example: June 12, 2021- August 31, 2021)

\_\_\_\_\_ to \_\_\_\_\_

**Hours of Operation:**

**Days of operation:**

Open: \_\_\_\_\_ a.m. – Close: \_\_\_\_\_ p.m. or a.m. (circle one)  M  T  W  Th  F  Sa  Su

**Ages of Children Accepted:** (use “kindergarten” for 5-year-olds who have completed kindergarten. Otherwise, use exact ages.)

(Example: From kindergarten to 12 years From \_\_\_\_\_ to \_\_\_\_\_)

**Program components: Mark all that apply.**

Accepts Purchase of Care Provides Transportation:  field trips  daily  other

Enrolled in Food Program (CACFP) agency: \_\_\_\_\_

Camp prepares and serves meals and snacks

Camp prepares and serves snacks only

Camp requires parents/guardians to provide meals and snacks

Day Camp (day camp permit required from Public Health)

Overnight (recreational permit required from Public Health )

Specialized Activity  Yes or  No

If yes, indicate activities  horseback riding  archery  ropes course  boating/water craft  other: \_\_\_\_\_

Primarily Outdoor Camp: indoor area use is limited or used during inclement weather

Indoors Camp and Outdoors Camp: all children use the outdoor area at the same time

Indoors and Outdoors Camp: all children do not use the outdoor area at the same time

Provides Transportation:  Field trips  daily  other: \_\_\_\_\_

**SECTION F – Staffing (attach an additional sheet if needed)**

Legal name	Employee title/position	DE FIRST certificate, if any	Date of birth	Race

