

APPENDIX II: RENEWAL/RELOCATION LICENSE APPLICATION**OFFICE USE ONLY**

Date assigned: _____
 Licensing specialist: _____
 Supervisor: _____

STATE OF DELAWARE
 DEPARTMENT OF ~~SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES~~ **EDUCATION**
 OFFICE OF CHILD CARE LICENSING (OCCL)
EARLY CARE AND EDUCATION AND SCHOOL-AGE CENTER
RENEWAL/RELOCATION LICENSE APPLICATION

**Please Print
all responses.**

Date received: _____

License expiration date: ____/____/____ License number: _____

Check application type: ☐ Renewal ☐ Relocation

Before completing this application, review *DELCARE: Regulations for Early Care and Education and School-Age Centers*.

Answer all applicable questions and attach all required application materials/documents.

- The applicant is the individual owner, the name of corporation or limited liability company (LLC), head of the state-operated agency, or the superintendent of the school district. **The individual owner, president of the corporation, managing member of the LLC, head of the state-operated agency, or the superintendent of the school district must sign the application in section G or provide written authorization allowing the designated representative to sign.**
- The “facility” is the legal name by which the center will be known.
- The “designated representative” means the person who has been assigned by the licensee, organization, corporation, entity, LLC, school district, or State 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 corporation, LLC, state agency, or school that is responsible for and has authority over the operation of the center.

SECTION A – Identification

Applicant name: _____ Will this person be on-site or have access to children in care? ☐ Yes ☐ No

Phone #: _____ Cell phone #: _____ Email: _____

Facility name: _____

Phone #: _____ Fax #: _____ Business Email: _____

Site address: _____
 (street) (city) (county) (state) (zip)

Mailing address: _____
 (street) (city) (county) (state) (zip)

Designated representative name: _____ 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 – Relocation (if applicable)

If this application is to receive a license at a new location the following documents are required:

- The deed or lease;
- Blueprints/diagrams; and
- The plan review narrative including a completed Emergency Plan for Early Care and Education and School-Age Centers template.

☐ submitted

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SECTION C – Entity: Individual Owner, Corporation Information, LLC Information, State Operated Agency Information, or School Information

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 # _____

- ☐ Individual ☐ Corporation
- ☐ Limited liability company (LLC)
- ☐ State-operated ☐ School

Name: _____ Type: _____

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 a state-operated agency or a school district, list below a name, address, and phone number for designated representative.

For corporation: officers For LLC: managing member For state operated 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 – Program Information

_____ p.m. – _____ p.m.

Days of operation:

☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Months of operation:

☐ January to December

☐ August to June

☐ _____ to _____

Ages of children accepted: (use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)

Example: From 6 weeks to 12 years From _____ to _____

Program components:

☐ Purchase of Care Transportation: ☐ field trips ☐ daily ☐ other

☐ Food program (CACFP) agency: ☐ Other (specify):

SECTION D – Staffing (attach an additional sheet if needed)[illegible]**Substitutes and Volunteers** (attach an additional sheet if needed)

Legal Name	DE FIRST certificate, if any	Date of birth	Race	Works 7 or more hours/week providing direct care
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION G – Applicant Certification and Signature

- Signature of applicant _____ Date _____
- Notice: See the definition of “applicant” on page 1 for guidance on who may sign.**

STATE OF _____)
 : SS
COUNTY OF _____)

Signature of notarial officer _____ Print name _____

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