

OFFICE USE ONLY
 Date assigned: _____
 Specialist: _____
 Supervisor: _____

STATE OF DELAWARE
 DEPARTMENT OF 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), the name of the organization, head of the state-operated agency, or the superintendent name of the school or school district. **The individual owner, president of the corporation, managing member of the LLC, head of the organization, head of the state-operated agency, the principal of the school, 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 name" is the legal name by which the center will be known.
- The "designated representative" means the person who has been assigned by the applicant or licensee licensee, organization, corporation, entity, LLC, school district, or State agency to act on his, her, or it's the applicant's or licensee's behalf and granted authority over program operations and to represent him, her, or it the applicant or licensee in dealings with OCCL. This person may sign the application with written authorization from the applicant or licensee.
- The "entity" is the corporation, LLC, organization, 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 (if different): _____
(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. If the applicant has multiple locations, list the same CHU contact and email so that staff may move from center to center without being fingerprinted for each location.

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

SECTION C – Entity Information for: ~~Individual Owner, Corporation Information, LLC Information, Organization, State-Operated Agency Information, School District~~ 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 # _____

Name: _____ Type: Individual Corporation
 Limited liability company (LLC)
 State-operated School

Address: _____ (street) _____ (city) _____ (state) _____ (zip)

Phone #: _____ Fax #: _____ Email: _____

1. If entity is an LLC, list below a the 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: <u>officers</u> <u>president of the board</u> For LLC: <u>managing member</u> <u>members</u> For state-operated <u>agency, school, or school district:</u> <u>designated representative</u> <u>head of the state-operated agency, principal of the school, or superintendent of the school district</u> For organization: <u>head of organization</u>	Title	Address	Email	Will this person be on-site or have access to children in care?	
				No	Yes

