



Child Care Licensing Program  
**Application for a NEW Center, Hourly Center,  
 or Out of School Time Program Child Care License**

**Note:** It may take up to 60 days to process your *completed* application, or 120 days if FBI fingerprint clearances are required. An application is considered complete when *all* required items fees have been received by Child Care Licensing.

**A. IDENTIFYING INFORMATION:**

Facility Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Director: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

Primary Language, if other than English: \_\_\_\_\_ Interpreter's Name & Phone #: \_\_\_\_\_

Months of care, if care will be provided for less than 12 months \_\_\_\_\_

**B. TYPE OF FACILITY AND CAPACITY:**

<input type="checkbox"/> Center	<input type="checkbox"/> Hourly Center	<input type="checkbox"/> Out of School Time Program
Requested Capacity: _____	Requested Capacity: _____	Requested Capacity: _____
Requested # of children under 2 years: _____		
<b><u>Below for Licensing office use only:</u></b>	<b><u>Below for Licensing office use only:</u></b>	<b><u>Below for Licensing office use only:</u></b>
Approved Capacity: _____	Approved Capacity: _____	Approved Capacity: _____
Approved Under 2 Capacity: _____		

**C. DOCUMENTS REQUIRED:**

Please include all of the following documents when you submit your application. The application will be denied if documentation not submitted with the application is not submitted within 6 months of receiving the application.

- This application form, completely filled out, signed, and dated.
- \$200.00 application fee made payable to "Utah Department of Health".
- \$31.00 license fee plus \$1.75 per child, based on requested capacity.
- Completed Background Screening forms and \$15.00 per covered individual fee.
- Fingerprint card(s) and \$36.50 per person fee payable to "Utah Department of Health". A separate check or money order is required for fingerprint fees.
- A copy of the facility's floor plans.
- A copy of the current fire clearance or a copy of a document from the local fire authority stating a fire clearance is not required. (Contact your local fire authority for this.)
- A copy of the current business license or a copy of a receipt verifying application or a copy of a document from a city/county employee stating a business license is not required. (Contact your city/county for this.)
- A copy of the current local health department kitchen inspection. (Contact your local health department for this.)

- A copy of the proposed director's educational credentials, as outlined in the Child Care Licensing rules.
- A copy of the Certificate of Attendance from New Center Provider Orientation.
- A copy of the Policies & Procedures and Emergency & Disaster Plan.

**D. CRIMINAL IDENTIFICATION SCREENING (CBS/LIS):**

Utah Code 26-39-107 requires that each person requesting to be licensed or to renew a license submit to the Department the name and other identifying information for all of the individuals listed below. This information will be used to screen the individuals for criminal convictions and child abuse/neglect.

Mark below if you have included completed Background Screening form(s) and \$15.00 per person fee, and fingerprint cards and the \$36.50 per person fee with this application for all existing, new, and proposed:

- Owners
- Director(s)
- Members of the Governing Body
- Employees
- Caregivers
- Volunteers (except parents of children enrolled in the program who do not have unsupervised access to any child in care except their own child)
- Administrators

**E. OWNERSHIP:**

Complete ownership information is required on all applications. Do not write "On File."

Owner's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Licensee's Name (must be an individual if the owner is a business/corporation): \_\_\_\_\_

Full Address: \_\_\_\_\_

**F. TYPE OF ORGANIZATION (check one box only):**

- Individual Owner or Sole Proprietorship** (Legal Status Documentation is Required.)
- Corporation:**  
On the following page, identify the corporation by name, address, and phone number. Identify all owner(s), officer(s), board member(s), etc. by name and title. Include addresses and phone numbers for each individual. (Attach additional pages if needed).
- Partnership:**  
On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
- Limited Liability Company:**  
On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
- Other:** \_\_\_\_\_

Attach a page describing the ownership arrangement. Identify all owner(s), officer(s), board member(s), etc. by name and title.

List the requested information for all owners, officers, and members of the governing board. You should include anyone who performs one or more of the functions listed below.

- A. They have unsupervised access to the children in care or they are in the facility during hours of operation.
- B. They make decisions regarding the day-to-day operations of the facility.
- C. They can hire and fire child care or out of school time program staff.
- D. The child care or out of school time program staff report to them and/or they conduct personnel evaluations of the staff.
- E. They are involved in writing the center's or out of school time program's policies and procedures.

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_)\_\_\_\_\_

Address including Zip Code:\_\_\_\_\_

Check one:  Owner       Officer       Board Member      Other: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_)\_\_\_\_\_

Address including Zip Code:\_\_\_\_\_

Check one:  Owner       Officer       Board Member      Other: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_)\_\_\_\_\_

Address including Zip Code:\_\_\_\_\_

Check one:  Owner       Officer       Board Member      Other: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_)\_\_\_\_\_

Address including Zip Code:\_\_\_\_\_

Check one:  Owner       Officer       Board Member      Other: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_)\_\_\_\_\_

Address including Zip Code:\_\_\_\_\_

Check one:  Owner       Officer       Board Member      Other: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_)\_\_\_\_\_

Address including Zip Code:\_\_\_\_\_

Check one:  Owner       Officer       Board Member      Other: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_)\_\_\_\_\_

**Copy and use additional pages if necessary**

**G. CERTIFICATION OF UNDERSTANDING:**

I understand that this document serves as the formal request upon which a licensing decision will be based.

I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect any part of the facility, property and premises without a warrant any time children are in care.
2. Review facility documents.
3. Interview caregivers, children, employees, and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah.

I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that, based on my best information and belief, no employee, volunteer, owner, or member of a governing body of this facility has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of severe abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

\_\_\_\_\_ / / \_\_\_\_\_  
 Signature of Facility Representative Date

Documents will be shredded after the application process is complete.

**Submit completed application, fees, and all required application documents to the Salt Lake office or the Provo office.**

**Salt Lake Office**

Mailing Address	Location Address	Phone: (801) 273-6617
Child Care Licensing, Salt Lake Office	(Do <b>NOT</b> mail items to this address)	Toll Free: 1-888-287-3704
P.O. Box 142007	3760 South Highland Drive, Room 403	Fax: (801) 273-4145
Salt Lake City, UT 84114-2007	Salt Lake City, UT 84106	

**Provo Office**

Child Care Licensing, Provo Office	Phone: (801) 374-7688
150 East Center Street, Suite 3200	Toll Free: 1-800-894-2588
Provo, UT 84606	Fax: (801) 371-1168